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ABSTRACT

The purpose of this paper is to specify the design for evaluating the second year Health Start Program. This design is used as the basis for the determination of the data to be collected and the comparisons that will be made using these data to provide information to answer the policy questions asked by the Office of Child Development (OCD). For OCD, the basic purpose of the evaluation is to identify successful procedures, strategies, and methods of operation that could be transfered and applied to Head Start or other types of local health service delivery programs. In addition, rapid feedback was to be provided about: (a) whether local projects are complying with program guidelines and grant conditions; (b) the managerial efficiency of projects; and (c) the need for technical assistance either in management or substantive areas. This form of feedback is called project management in this paper, distinguishing it from the evaluation of the program which is the main purpose of this effort. For this analysis, two kinds of comparisons are made: (1) comparisons between particular procedures and strategies within the Health Start program; and (2) comparisons between Health Start and the health component of a sample of Head Start programs. Appendices contain the data collection instruments. (RC)

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HEALTH START ANALYSIS PLAN AND DATA COLLECTION INSTRUMENTS FOR SECOND PROGRAM YEAR

by

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and

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I. INTRODUCTION

The purpose of this paper is to specify the design for evaluating the second year Health Start Program. The evaluation will be carried out by the Urban Institute over the next year. This design is used as the basis for the determination of the data to be collected and the comparisons that will be made using these data to provide information to answer the policy questions asked by the Office of Child Development (OCD).

For OCD, the basic purpose of the evaluation is to identify successful procedures, strategies, and methods of operation that could be transfered and applied to Head Start or other types of local health service delivery programs. While it may be possible to identify "potentially" useful procedures or strategies from this analysis of the second year program, it must be stated at the beginning that it is very unlikely that we will be able to verify the success of particular procedures or strategies. The reason for this is that program models were not imposed on the second year projects, and, while allowing natural variation to occur usually will lead to the development of many program models, obtaining information about the relative effectiveness of the models is much more difficult and the results are less conclusive than in the case where the program variations are imposed and more carefully controlled. Consequently, in this second year analysis, the best we can hope for is the identification of some "potentially" useful procedures or strategies that can be modeled and imposed on the third year projects.

In addition to the detection of useful and transferable procedures and strategies, the Urban Institute was requested to provide OCD staff with rapid feedback about: a) whether local projects are complying with program guidelines and grant conditions; b) the managerial efficiency of projects; and c) the need for technical assistance either in management or substantive areas. This form of feedback will be called project monitoring in the remainder of this paper, distinguishing it from the evaluation of the program which is the main purpose of this effort.

For this analysis, two types of comparison will be made: 1) comparisons between particular procedures and strategies within the Health Start program; and 2) comparisons between Health Start and the health component of a sample of Head Start programs. Figure 1 is a schematic diagram which summarizes the evaluation plan for assessing the effectiveness of the overall program, for assessing the relative effectiveness of different local level strategies and methods of operation, and for monitoring the local projects.

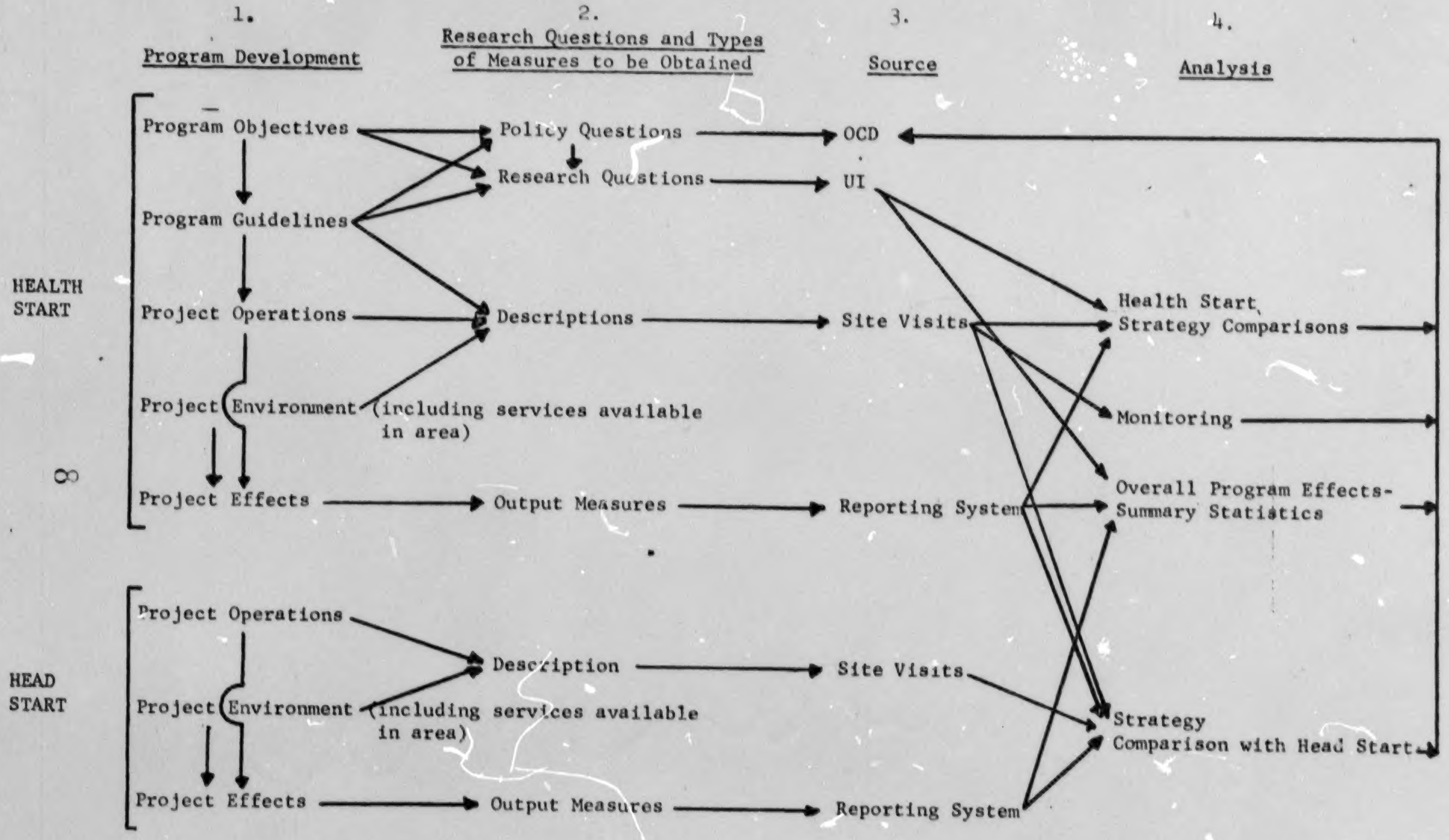
A. Program Development

On the left side of the diagram in Figure 1 is shown the sequential steps in the development of a program and the operation of a project to carry out that program. First, program objectives are stated followed by the development of guidelines based on those objectives. Next projects are formed and attempts are made to operate using these guidelines. These projects, of course, operate in an environment that will have some effect on their operations. Finally, the projects have some effect on the people served by the projects and on the communities in which the projects operate.

One part of the analysis will involve the comparison of Health Start projects with the health component of Head Start projects. All 31 second year Health Start project will be included in the analysis and a sample of

Figure 1

HEALTH START ANALYSIS PLAN OF LOCAL LEVEL EFFECTIVENESS



15 Head Start projects with health components will be selected for comparison purposes. The sample of Head Start projects will be selected by stratifying both Health Start and the health component of Head Start projects on: size; health budget (if obtainable for Head Start); by state; and health resources available. Those strata representing a population of Head Start projects most like Health Start projects will be identified and a probability selection of projects from each Head Start stratum will be made in proportion to the number of Health Start projects in those stratum.

B. Measurement Requirements and the Source of Data

Refering to the second and third columns in Figure 1, research questions have been developed from the program objectives and the program guidelines. For the most part, these research questions are translations by the Urban Institute of policy questions asked by OCD into a form that is more amenable to analysis. For some of the research questions descriptive and qualitative answeres only can be provided. For others, quantitative answers can be obtained from the analysis. A careful distinction will be made between the two types of answers in the analysis plan.

In order to answer these research questions the following general type of data will be collected:

1. From interviews with national and regional Health Start administrators, descriptions will be obtained concerning the efforts to coordinate different health service programs at these levels. The interview forms to be used for this purpose are shown in Appendix A.

2. From observation of the projects' operation and the environment in which they operate, descriptions about what projects are doing and the constraints placed on them. by the particular environments in which they

operate will be obtained through site visits by Urban Institute personnel using the Field Collection Format shown in Appendix B. Interviews with non-cooperating and/or cooperating health service agencies will also be conducted during site visits. This interview form is also included in Appendix B.

3. Data about the effects of the program on the children who are served will be obtained from Quarterly Health Reporting Formats developed by the Urban Institute and described in Appendix C. Also, the ability of projects to coordinate with the local health service community and the changes in that community that are brought about by Health Start will be obtained through an Urban Institute-developed Health Start Planning Format, and a Health Start Expenditure Format, both shown in Appendix D, supplemented by information obtained from the site visits.

4. Finally, information about the effects of the health education component on the parents of Health Start and Head Start children will be obtained from a sample survey of parents from the two programs. The analysis plan for that assessment is presented in Appendix E.

C. Analysis

Referring to the fourth column in Figure 1: the first type of analysis shown in the diagram is a comparison to assess the relative effectiveness of different strategies and methods of operation. This comparison will be carried out using output measures obtained from the reporting system and the descriptive data about the projects and the environment in which they operate obtained from the site visits. The analysis will consist of:

a) Comparison of projects on different output measures to try to determine possible reasons for the variations in these measures from the descriptive data.

b) Comparison of strategy hypotheses developed in (a) to see if the variance is due entirely to project effects or whether some of the variance can be attributed to different strategies.

The second type of analysis shown in the diagram is monitoring information which will be obtained both from the site visits and from the reporting system. One of the purposes of monitoring is to collect descriptive data for the first type of analysis, as well as to provide rapid feedback to OCD as the projects progress through the year.

The third type of analysis shown in the diagram is the overall effectiveness of the Health Start Program. Here output measures from the reporting system will be used to make comparisons between Health Start projects and the sample of Head Start projects.

Finally if enough descriptive data can be obtained about Head Start operations, the diagram shows that the fourth type of analysis to be conducted is a strategy comparison between Health Start and Head Start projects. This analysis will be made using output measures from the reporting system and descriptive data from the site visits.

The remainder of this paper will discuss in detail each program objective of Health Start, the program guidelines developed from those objectives, the research questions formulated from the objectives and the guidelines, and the measures and analysis required to provide answers to the research questions.

D. Organization of Evaluation Plan

For the development of the evaluation plan that follows, the local project has been treated as a delivery system and models representing the functioning of this system in four sequential stages of its operation have been developed. These models are (1) a site selection model; (2) a start-up model; (3) a service model; and (4) a future care model. Figure 2 is a schematic diagram of the site selection model, Figure 3 the start-up model, Figure 4 the service delivery model, and Figure 5 the future care model.

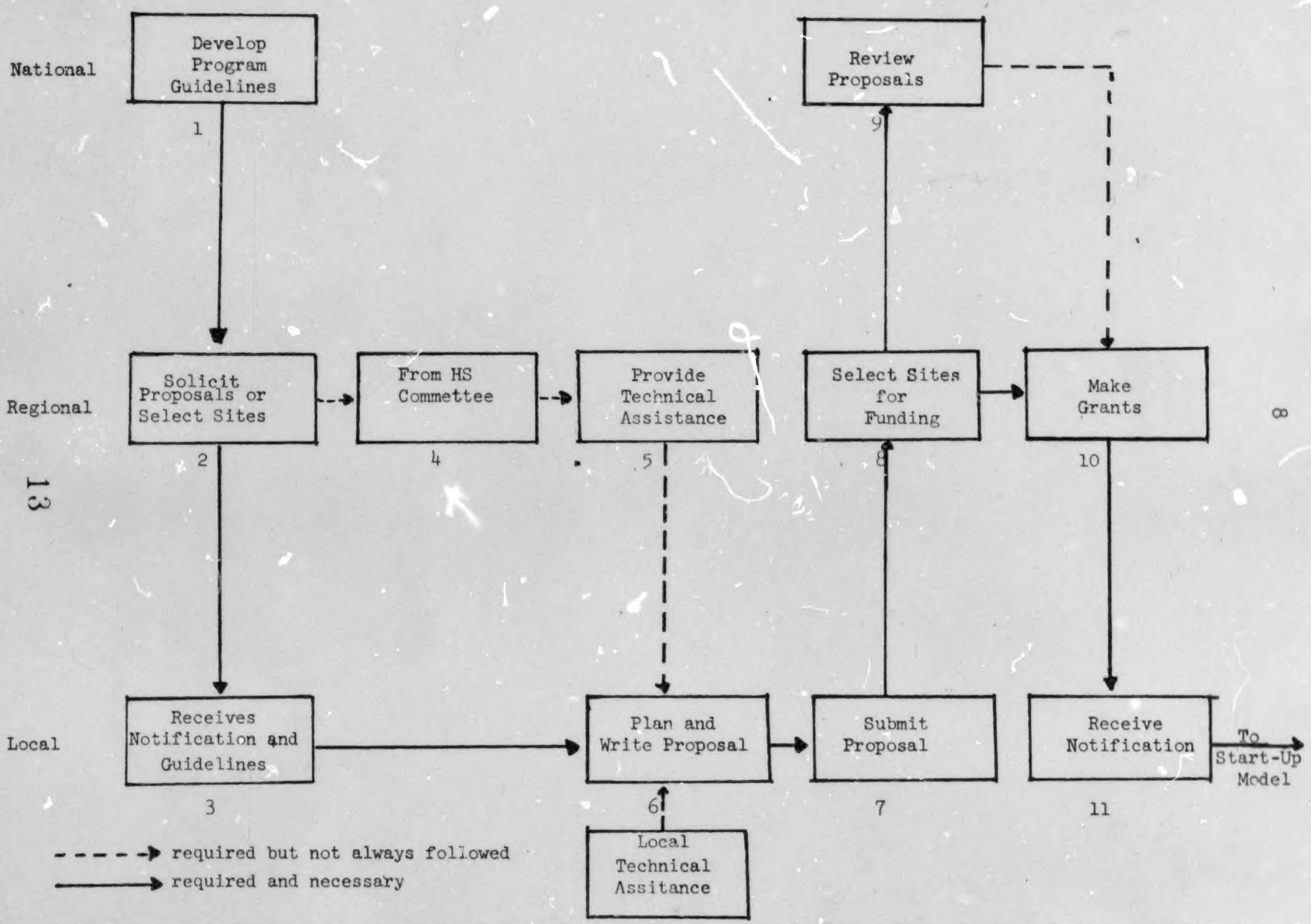
In the following sections, each model will be discussed by first describing the sequential steps in the model. This will be followed by: (1) the objectives and guidelines that apply to the model; (2) the research questions asked about the functioning of the model; (3) the measurements that must be taken at different points in the model and how these measures will be obtained; and (4) the analysis that will be conducted using these measures to help answer the research questions.

II. SITE SELECTION MODEL

The selection of a site for a Health Start project involves actions by national, regional, and local level people and agencies. The site selection model that will be used for this evaluation is shown in Figure 2. The first step in the model is the development of program objectives and guidelines by the OCD national office. These guidelines are transmitted to the regional office with authority to fund projects up to $80,000. The region either solicits proposals from a number of different sites or else picks the sites before requesting a proposal (Step 2).

The local grantee or delegate agency receives the guidelines (Step 3) and begins to plan and write the proposal (Step 6). The regional office as its next step, could form a Health Start committee composed of representatives of collaborating HEW agencies such as HSMHA and SRS (Step 4). This committee may provide technical assistance to the local

Figure 2 Health Start - Site Selection Model



agency in planning and writing the proposal (Step 5). Technical assistance may also be obtained by the local agency from other sources during the planning phase.

Once developed, the proposal is submitted to the regional office by the local agency (Step 7). The proposals are reviewed by the Health Start committee at the regional level, and the sites to receive fundings are selected (Step 8). The national Health Start committee (made up of OCD, Maternal and Child Health, Social and Rehabilitation Service, and USPHS Divison of Dental Health consultants) review the selections (Step 9), make suggestions for changes and give pro forma approval to the projects presented by the regions.

The regional office then makes the grant to the local agency (Step 10). A thirty day waiting period is provided for obtaining the governor's approval (Step 11) and then the project can enter the start-up phase of operation.

A. Program Objectives

No formal stated objectives concerning the selection of sites.

B. Program Guidelines[1]

> Each region will receive no more than $80,000 to launch a Health Start program or programs. Existing Health Start programs should not be asked to write a proposal for 1972 unless they can meet guidelines described above, have additional children to serve, and have demonstrated ability to carry out a program.
>
> 1. The National Role
>
> Direct responsibility for the quality and successful operation of Health Start programs will rest with the National Health

---

[1] All program guidelines described in this evaluation plan were issued by Edward Zigler, Director of the Office of Child Development, HEW, in a memorandum to the OCD Assistant Regional Directors, dated February 29, 1972.

Start Health Director with assistance from the regions.[1]

A committee will be established of representatives of collaborating HEW agencies to assist in planning, selection, implementation, periodic review and evaluation of the Health Start Program.

The Headquarters staff will work with the evaluation contractors to provide the regions relative performance data on the first program year to aid in the application, review and selection processes. Headquarters will also provide training and information, coordination and continuing communication among the region, local communities, USPHS Division of Dental Health, American Academy of Pediatrics and the evaluator through a headquarters funded grantee.

2. Regional Role

Each assistant regional director shall designate one person within that regional office to be administratively responsible for Health Start. Such responsibility is to include the establishment of a regional Health Start Committee which is composed of representatives of collaborating HEW agencies such as HSMHA and SRS. This committee should:

a) Assist in proposing possible sites.
b) Solicit proposals.
c) Recommend which proposals should be funded.
d) In conjunction with AAP and USPHS Division of Dental Health provide review and recommendations for technical assiatance.
e) Make grants.
f) Monitor grantees.

3. Eligible Grantees

Acceptable grantees or delegate agencies are agencies who are eligible to receive and administer federal funds. Agencies should be able to ensure delivery of health services and show knowledge of and contact with the population of eligible children as defined above. This should include, but not be restricted to, Head Start grantees. Other possible grantees are hospitals, medical schools, public health departments, school systems, neighborhood health centers, HMO's, etc.

4. Application and Proposal Requirements

Instructions to communities soliciting proposals should require the applicant to:

a) Identify in detail their plan and capacity for conducting each component of service and how they will provide that service.

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[1] After the guidelines were issued a national Health Start director was appointed. His work statement says that "he is directly responsible for every aspect of this project..."

b) Identify the approximate cost/child for services and the portion of this cost/child to be covered by the Health Start grant and the amount to be generated for the services from other sources.

c) Indicate how local health providers and other resource persons have been involved in the planning process. Such involvement of local health people and facilities is a must in the planning.

d) Describle the population to be served, the applicant's present contacts with this population, the methods of recruiting enrolees and the number of children who will be served.

e) Specify in the plan the manner in which this program will relate to Title XIX (Medicaid) and Title V (Maternal and Child Health) programs.

f) Include as a part of the proposal a time-phased schedule showing planned dates of enrollment, detection, treatment, and health education.

g) Submit, along with a narrative of the proposal, forms required by the region.

5. Selection Process

In each region, proposals should be evaluated and priority rated by a committee composed of representatives from HSMHA, USPHS Division of Dental Health and OCD. Recommendations will be sent to Headquarters NDT May 5. A national commitee composed of representatives of OCD, HSMHA and SRS has final concurrence in grantee selection.

Proposals should be evaluated in terms of ability to meet objectives outlined in paragraph II. Regional Selection committee should give priority to those programs that can demonstrate a collaborative approach to provision of health services and have prospects for continuing collaborative efforts in providing needed health services in the future, and/or programs that demonstrate methods of delivering health services in areas of limited resources.

C. Research Questions

1. Did the national office, and the regional offices, conform to the guidelines for the selection of sites for Health Start projects?

2. Did the proposals developed by the local projects conform to the guidelines?

3. Is there a relationship between the way potential sites were notified about Health Start and the time given to submit a proposal, and the degree to which the proposal conformed to the guidelines?

D. Quantitative Measures

1. t_1 = time from notification to required proposal submission date.

2. d_1 = number of deviations in proposal from guidelines.

E. Descriptions of Project Operations - from Site Visits

1. Describe what happened at each step in the model at each site and each regional office.

F. Analysis

1. Research Question #1

Compare what happened at each step in the model obtained from the national and regional interviews with what should have happened at each step according to the guidelines. Indicate where these activities deviated from or conformed to the guidelines.

2. Research Question #2

Compare each project proposal with the guidelines and indicate where these proposals deviated from the guidelines.

3. Research Question #3

Compute Spearman Rho or Biserial r between t_1 and d_1.

III. START-UP MODEL

Once a proposal has been approved indicating that a site has been selected, and the 30 day waiting period has elapsed the project can begin operation. The first phase of that operation (start-up) will be addressed next.

The first step on the process of "start-up" is the development of some type of management plan, the recruitment of personnel, obtaining office space, etc. This step is shown as box 1 in the start-up model in Figure 3. The provision of training material and technical assistance is a possible input to this step. Health education material and training provided by the national or regional office would be included here. Training and technical assistance can also be provided by local agencies as shown in the diagram. This may include the training of para-professionals.

Three activities that proceed in parallel are the next major steps in the model. One activity is the outreach and enrollment of children. These activities are shown as steps 4 and 5 in Figure 3. The types of outreach mechanisms used, the characteristics of the children contacted and of the children not reached as a result of these mechanism, and the characteristic of children finally enrolled, will all be evaluated.

The identification of agencies that are potential suppliers of funds and services for the project and the agreements reached with those agencies is the other major activity in the start-up model. These activities are shown as steps 2 and 3 in Figure 3. Assessing the success of the project in the identification, contacting and arranging for services with the health service sources in the community (coordination) is one of the major objectives of the evaluation.[1] Assessing how well the grant funds are used to help provide a comprehensive service package (Step 3) is a second major objective of the evaluation.

The third major activity is the organization of a health education program (Step 6). The evaluation of the health program, and the material and curriculum used will be done at this step. The provision of health

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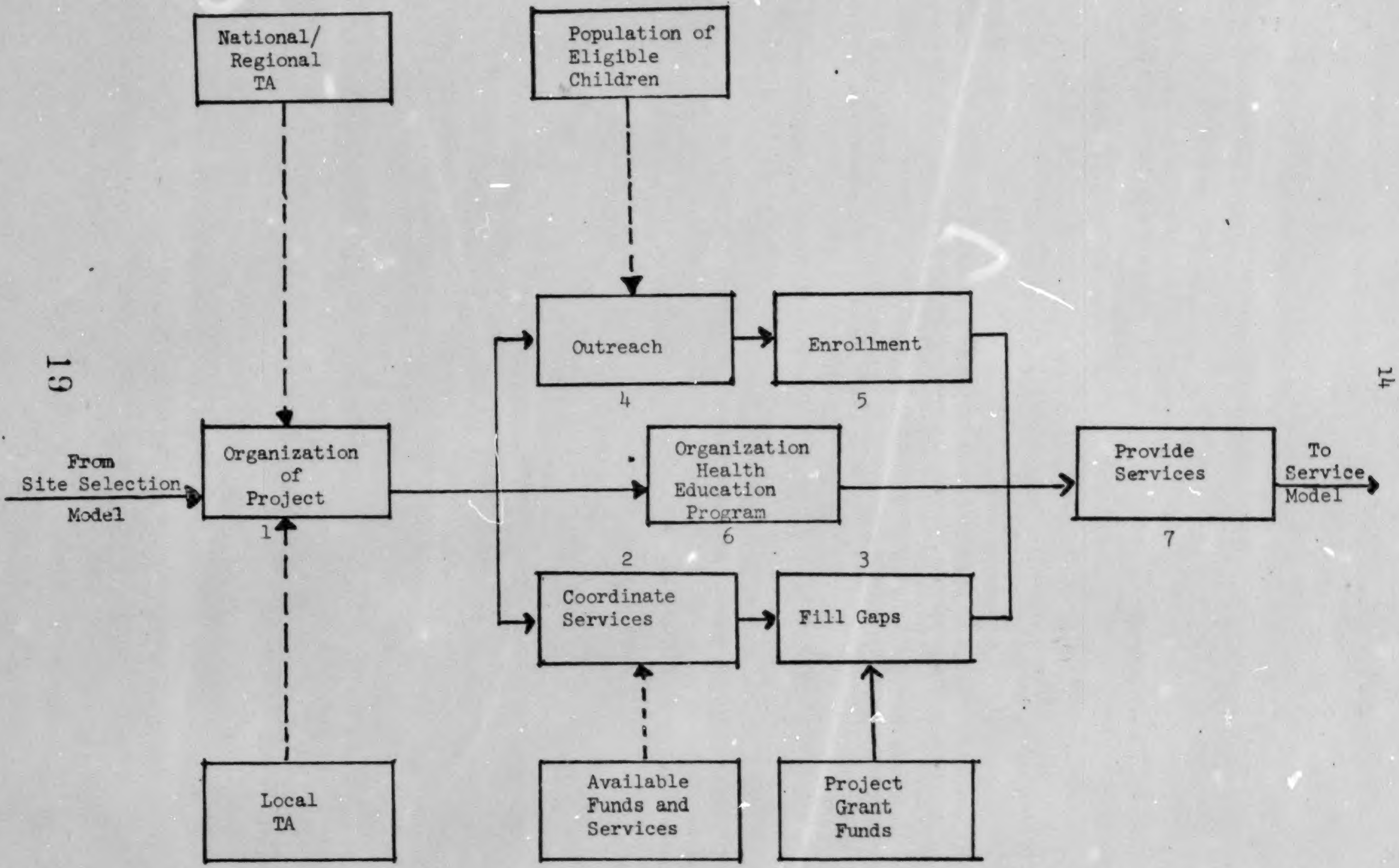
[1] A model for how funds get from the national level to the local level and the coordination agreements that are made at these higher levels is also a part of this evaluation. The evaluation plan for assessing the effectiveness of national and regional coordination efforts is presented in Appendix A along with the interview forms to be used at the national and regional levels.

Figure 3 Health Start - Start-Up Model



education to parents and children by the project staff will be evaluated as part of the service delivery model.

With the children enrolled and the arrangements made with other agencies for providing funds and services, the project can begin to provide services. This is shown as Step 6 in Figure 3. For the start-up model, unlike the other three models, specific objectives and guidelines are given for discrete steps in the model. Consequently, in the following presentation, the letter headings A, B, C, etc. will be proceeded by a number representing the step in the model being discussed: 1A, 1B, 1C, etc. for step 1; 2A, 2B, 2C, etc. for Step 2.

1A Program Objectives for Step 1: Staffing and Organization of Project

No specific statement in program description.

1B Program Guidelines for Step 1: Staffing and Organization of Project

All projects must have:

1. Health Coordinator: A coordinator should be employed for a full year for each Health Start project. This may be a full time or part time function in Health Start. Part time employment in a program that related to or enhances the Health Start program is encouraged where the Head Start Health Coordinator's services are not needed full time. This individual should, at a minimum, be a registered nurse, who is knowledgeable in use of community, state and federal resources and has administrative, teaching and counseling abilities. In specific instances, which must be justified in the program plan, the coordinator may be an individual who is knowledgeable in the area of community health resources and has a minimum of two years of experience in medical service administration. Persons familiar with local Title XIX operations, including eligibility certification, could be considered medical service administrator for the purposes of this grant.

2. Administrative Structure: The structures and procedures must be organized to insure the maximum utilization of existing local resources. The Health Coordinator should have

the key role in planning and carrying out this program. Possible sources of recruitment for this position are:

1. A nurse whose time is shared with a relevant title V program.
2. A nurse who has functioned effectively in a Head Start program.
3. A medical service administrator whose time is shared with a title XIX program and meets requirements in paragraph V above.
4. A nurse who can be detailed for the program from a local health department.

Program planning should include where available local health providers, the Health Coordinator, representatives of federal state and local programs in the area and regional representatives from OCD, HSMHA and SRS.

Regional offices may wish to make funds available to certain proposed grantees for planning purposes.

Detailed records must be kept an all children in order to follow up their health needs and provide an adequate medical record that can be transferred with each child when he leaves the program. Parents must be informed of where their child's health record will be kept.

It is recommended that a professional review committee be established which would provide quality control on expenditures of all treatment funds.

Staff training to insure that every person working in the Health Start program has a clear understanding of program goals, plans, and how to implement those plans is mandatory.

3. Optional components: Once all of the required components have been planned for, additional components which meet local needs can be developed. Examples are: intestinal parasite screening, lead poisoning screening, sickle cell screening, developmental screening, etc. In each case, however, the plan should demonstrate linkages to follow up diagnostic and treatment services.

Transportation, baby sitting and a parent consultant either on a part time or consultant basis may be considered as optional components. The parent consultant would assist the health coordinator in the development and implementation of the health education program.

4. Technical Assistance: The regional health liaison specialist who will be hired under terms of the new AAP contract will provide some technical assistance to Health Start programs. Where necessary, non-physician technical assistance can be requested through the specialist. In addition, each Health Start program will receive at least two visits from a Pediatric Consultant one of which should be to plan the program. OCD regional representatives for Health Start programs should work closely with regional HSMHA, SRS and USPHS Dental Division personnel to insure maximum impact of the resources of these other agencies on Health Start.

1C Research Question for Step 1: Staffing and Organization of Project

1. Does the project organization conform to the guidelines?

2. Were training and technical assistance needs as seen by the project coordinator, met by the national and regional offices?

3. Is there a relationship between the adequacy of the national and regional technical assistance, as evaluated by the project coordinator, and the time elapsed between official approval to start the project and the enrollment of: the first child; full enrollment; first screening; and screening completed?

4. Were optional components planned when there was a need for them in the community being served?

1D Quantitative Measures for Step 1: Staffing and Organization of Project

	Source
t_2 = elapsed time between official start-up and enrollment of first child	Site visit and Reporting System
t_3 = elapsed time between enrollment of first child and full enrollment	Reporting System
t_3 = elapsed time between enrollment of first child and first screening appointment	Reporting System and Site Visits
t_4 = elapsed time between full enrollment and screening completed	Reporting System
N = number of children enrolled	Reporting System
e_1 = number of black children	Reporting System
e_2 = number of urban children	Site Visits

e_3 =	number of rural children	Site Visits
m_1 =	number of missed appointments	Site Visits
m_2 =	number of scheduled appointments	Reporting System

1E Descriptions of Project Operations - from Site Visits

1. Describe program in terms of deviations from/or conformance with guidelines.

2. Describe ethnicity and experience of staff.

3. What training and technical assistance was obtained and from whom?

4. Were there particular needs in the community for which optional components were planned such as:

    a) Intestinal parasite, lead poisoning, sickle cell, or developmental screening, and strep cultures.

    b) Transportation.

    c) Baby sitting

1F Analysis Plan for Step 1: Staffing and Organization of Project

1. Research Question #1

Describe how well project organization conforms to guidelines.

2. Research Question #2

Accumulate all project coordinators assessments of technical assistance.

3. Research Question #3

Compute Biserial r between coordinator's judgement of the adequacy of TA and t_1, t_2, t_3 and t_4.

4. Research Question #4

    a) Sickle cell test when $\frac{e_1}{N} > x\,\%$

b) Intestinal parasite tests when $\frac{e_3}{N} > x\ \%$

c) Lead poisoning tests when $\frac{e_2}{N} > x\ \%$

d) Transportation and/or baby sitting service provided when $\frac{m_1}{m_2} > x\ \%$

2A Program Objectives for Step 2: Coordination of Health Services

To demonstrate a variety of approaches for coordinating HEW programs in order to provide health services for economically disadvantaged children.

2B Program Guidelines for Step 2: Coordination of Health Services

1. Use of Title XIX (Medicaid) early screening detection money for children eligible for medicaid.
2. Use of Section 1115 demonstration money.
3. Use of Title V (HSMHA) resources in Health Start Program.

2C Research Questions for Step 2: Coordination of Health Services

1. What approaches or strategies resulted in the greater degree of coordination at the local level, given the services available and the number of children in the program?

2. Was a greater degree of coordination achieved in the Health Start Program than in Head Start programs?

3. Were more children provided with health services in Health Start than in Head Start programs for comparable costs?

4. Could the existing agencies absorb the load required by Health Start or were Health Start children served in lieu of other possible recipient?

5. What were the different reasons why health services agencies could not or would not provide services to Health Start?

2D Quantitative Measures for Step 2: Coordination of Health Services

		Source
SA_1 =	HEW resources available: case load per year	from separate analysis
SA_2 =	HEW resources available in dollars	
PL_1 =	Agency case load in year before Health Start	from separate analysis
PL_2 =	Agency resources in dollars in year before Health Start	
SO_1 =	Services obtained in units	reporting systems
SO_2 =	Services obtained in dollars	
G_1 =	Amount of grant money spent on services	reporting systems
T_1 =	Total amount of services provided in units	
T_2 =	Total amount of services provided in dollars	
N =	Number of children enrolled	

2E Descriptions of Project Operations - from Site Visits

1. What special arrangements (if any) were developed to use Title XIX money for screening? What strategies were used? What problems were encountered?

2. Did the project get a Section 1115 demonstration grant? What strategies were used? What problems were encountered?

3. What special arrangements were developed to use C & Y, M & I and Crippled Childrens services? What strategies were used? What problems

were encountered?

4. If other funds or services were obtained how was this accomplished?

5. Was it necessary for coordinating agencies to cut back on the number of children they would normally serve in order to accommodate Health Start requests?

6. What reasons were given by non-cooperating agencies for not providing health services to Health Start?

2F Analysis Plan for Step 2: Coordination of Health Services

1. Research Question #1

a) Compare projects on degree of coordination achieved.

Definitions

C = Coordination

$$C_1 = \frac{SA_1}{SO_1} \qquad C_2 = \frac{SA_2}{SO_2}$$

$$C_3 = \frac{SO_1}{T_1} \qquad C_4 = \frac{SO_2}{T_2}$$

$$C_5 = \frac{\text{N screened using } G_1}{\text{N screened using } SO_2}$$

b) Try to determine possible reasons for variation in the degree of coordination achieved from the descriptive data.

c) Compare strategy hypotheses developed from (b) to see if variance is due entirely to project effect or whether some of the variance can be attributable to different strategies.

2. Research Question #2

Compare the degree of coordination achieved in Health Start projects with that achieved in the sample of Head Start projects. (Use same procedures as described in (1) above).

3. Research Question #3

Compare number of children served and number of health service units provided by Health Start projects with the number of children served and number of health service units provided by the sample of Head Start projects for similar amount of project or grant funds:

$$\frac{\text{Health Start } G_1}{N} \gtrless \frac{\text{Head Start } G_1}{N}$$

4. Research Question #4

Compare Health Start projects in terms of availability of services:

$$PL_1 \lessgtr SA_1$$
$$PL_2 \lessgtr SA_2$$

$$SA_1 = PL_1 + SO_1$$

$$SA_2 = PL_2 + SO_2$$

3A Program Objectives for Step 3: Use of Grant Funds

To fill health care gaps in limited resource areas where there is a demonstrated need and the possibility exist for getting such services for children in poverty.

3B Program Guidelines for Step 3: Use of Grant Funds

Provide health services to children that have little or no access to health services if necessary from OCD grants.

3C Research Questions for Step 3: Use of Grant Funds

1. How much grant money was required in direct payments to provide services in areas with many and in areas with few services?

2. How many eligible children were not provided with all services and how large an additional grant would have been required in order to provide all services?

3. How many eligible children could not be provided with services because services (not funds) were unavailable?

3D Quantitative Measures for Step 3: Use of Grant Funds

			Source
SA_1	=	HEW resource available: case load per year	from separate analysis
SA_2	=	HEW resource available in dollars	from separate analysis
SO_1	=	Services obtained in units	reporting system
SR_1	=	Services required in units	reporting system
SR_2	=	Cost of services in dollars	site visit
G_1	=	Grant money spent on services	reporting system
G_2	=	Grant money for services remaining at end of program	reporting system
N	=	Number of children enrolled	reporting system
N_1	=	Number of enrolled children with incomplete immunization at the end of program	reporting system
N_2	=	number of children who had not received any or all test or screening at end of program	reporting system
N_3	=	Number of children with T or R in box 1 of reporting form, but no B in at least one box 2.	reporting system

N_4 = Number of children with B in box 2 but who were terminated before Y or C (box 3) for lack of funds or availability of services reporting system

3E Descriptions of Project Operations - from Site Visits

1. If all children have not received complete health service by end of program, why was this so?

2. If certain types of services were not available in the area, what attempts were made to bring services into area on a temporary basis or to send children to other areas where such services were available?

3F Analysis Plan for Step 3: Use of Grant Funds

1. Research Question #1

Compare G_1 for projects in areas with high SA_1 and SA_2 and in areas with low SA_1 and SA_2.

2. Research Question #2

Compare projects for inadequate size grants (IG) where:

$$IG = (SR_2N_1 + SR_2N_2 + SR_2N_3 + SR_2N_4) - G_2$$

3. Research Question #3

Compare projects for inadequate amount of services available (IS) where:

$$IS = SA_1 - [SO_1 + (SR_1N_1 + SR_1 N_2 + SR_1N_3 + SR_1N_4)]$$

4-5A Program Objective for Steps 4 and 5: Outreach and Enrollment

To make health services available and accessible to an increased number of economically disadvantaged children.

4-5B Program Guidelines for Step 4 and 5: Outreach and Enrollment

1. Children to be served are siblings under age six of youngsters currently enrolled in Head Start programs, children on Head Start waiting lists, or other groups of low income children under age six who are not receiving health services, Eligibility will be based on the OEO poverty guidelines or the State Medicaid requirements whichever are higher. Children previously or presently enrolled in a Head Start program or children enrolled in Health Start during the first program year are not eligible for Health Start.

2. Grantees should determine well in advance of the project start up data a system to identify and enroll the children to be served by Health Start. Local agencies, such as a CAA, health department, school system, etc. should be contacted for lists of children most likely to benefit from the Health Start program. This must be done early because many local resource people will not be available during the summer.

3. Care should be taken in planning and recruiting to ensure that children in Health Start will not receive health services which will unnecessarily duplicate those to be provided in the coming year, by the public schools, to the same children.

4-5C Research Questions for Steps 4 and 5: Outreach and Enrollment

1. Did the Health Start outreach allow children to be enrolled that otherwise would not have received health services?

2. Did the project actually enroll the number and type of children planned to be enrolled?

3. Approximately what percentage of the eligible population did the project enroll?

4. How does the sample of Head Start projects compare with Health Start on the above three questions?

5. How does the proportion of eligible children in the area enrolled in Health Start compare with proportion enrolled by the Head Start project in the same area?

4-5D Quantitative Measures for Steps 4 and 5: Outreach and Enrollment

		Source
N =	Number of children enrolled	reporting system
N_A =	Estimated number of enrolled children who would otherwise not have received health services	site visit
N_B =	Number of children in plan	project proposal
N_C =	Estimated number of eligible children	site visit
N_H =	Number of children enrolled in Head Start health component in same location as Health Start	site visit

4-5E Descriptions of Project Operations - from Site Visits

1. What agencies were contacted as possible sources of eligible children?

2. What procedures or strategies were used, if any, to contact eligible children directly?

4-5F Analysis Plan for Steps 4 and 5: Outreach and Enrollment

1. Research Question #1
   a) Compare projects on proportion of children enrolled that would otherwise not have received health services: $\frac{N}{N_A}$
   b) Compare different outreach strategies in terms of the proportion of children reached who otherwise would not have received health services.
2. Research Question #2
   a) Compare the number of children enrolled with the number planned to be enrolled: Does $N_B = N$.

b) If particular types of children were specified in the plan, compare the type actually enrolled with those planned to be enrolled.

3. Research Question #3

a) Compute:

$$\frac{N_C}{N}$$

4. Research Question #4

Compare Health Start results with the results of the sample of Head Start projects on research question 1, 2, and 3.

5. Reserach Question #5

Compare $\frac{N_H}{N_C}$ with $\frac{N}{N_C}$

6A Program Objectives for Step 6: Organized Health Education Program

To develop an organized health education program for children, parent and staff which is to include basic health principles and concepts.

6B Program Guidelines for Step 6: Organized Health Education Program

1. This component must be a planned activity involving a specific set of items to be covered and must be provided to the children enrolled in the program and their parents. During the summer impact period, a group instructional approach is recommended with a one-to-one approach during the remainder of the program year. Group instruction should not be given on a regular classroom basis. Rather, specific topics should be scheduled at specific times as necessary and pertinent. Preferably such times will be coordinated with group health services delivery activities. For example, if a group of parents is asked to bring their youngsters to a center for mass immunizations, a relevant health lecture could be planned for parents and/or children at that time.

2. Health education should be given equal priority with delivery of health services in any Health Start program. Grantees should develop imaginative, inexpensive ways to carry out this part of the program.

For parents, the program must cover, as a minimum:

a) Health services available in the community and how to contact and use them to obtain health care for children beyond treatment of health needs detected through Health Start, e.g., treatment of emergencies, or acute episodic illness.
b) How to tell when your child needs medical care.
c) Basic personal hygiene.
d) Oral hygiene instruction to include the proper use of soft toothbrush and unwaxed dental floss.
e) Nutrition.
f) Safety and accident prevention.

For children, the program should include:

a) Basic personal hygiene.
b) Oral hygiene instruction to include the proper use of soft toothbrush and unwaxed dental floss.
c) Nutrition.
d) Safety and accident prevention.

6C Research Questions for Step 6: Organized Health Education Program

1. How does the educational program developed in each project conform with the guidelines?

2. How do educational components of Health Start compare with educational components of the sample of Head Start projects?

6D Quantitative Measures for Step 6: Organized Health Education Program

None.

6E Description of Project Operations - from Site Visits

1. Describe educational program. What topics are included for parents? For children?

6F Analysis Plan for Step 6: Organized Health Education Program

1. Compare education program of projects with guidelines and describe differences.

2. Describe similarities and differences between Health Start health programs and the programs in the sample of Head Start projects.

IV SERVICE MODEL

Once the project has been organized and children are beginning to be enrolled, health services can be provided to them. The provision of four types of health services is the first step in the model shown in Figure 4. These are: (1) determination of immunization needs; (2) laboratory screening which includes tuberculin tests, blood tests and urinalysis; (3) physical screening which includes vision, hearing, speech (optional) dental and medical; and (4) health education.

Following these initial steps, other services can be provided if they are needed. If immunizations are up to date then, of course, no further services are needed (Y).[1] If immunizations are incomplete (N) they can be completed (N̸).

For each of the three required laboratory tests and the five screening tests, the determination can be that no treatment is required (K); that treatment is needed and will be provided by the same individual or agency who administered the test or screening (T); that treatment is needed and the child will be referred to a different person or agency that administered the test or screening (R); that the child is already under treatment for the problem found (X).

Following the determination of who will provide treatment when it is found to be needed, treatment can be started (B) or not started (0). If started, the treatment can be completed by the end of the Health Start year (Y) or cannot be completed (C).

For health education, the service can be provided to the children, the parents or both (even though both are required).

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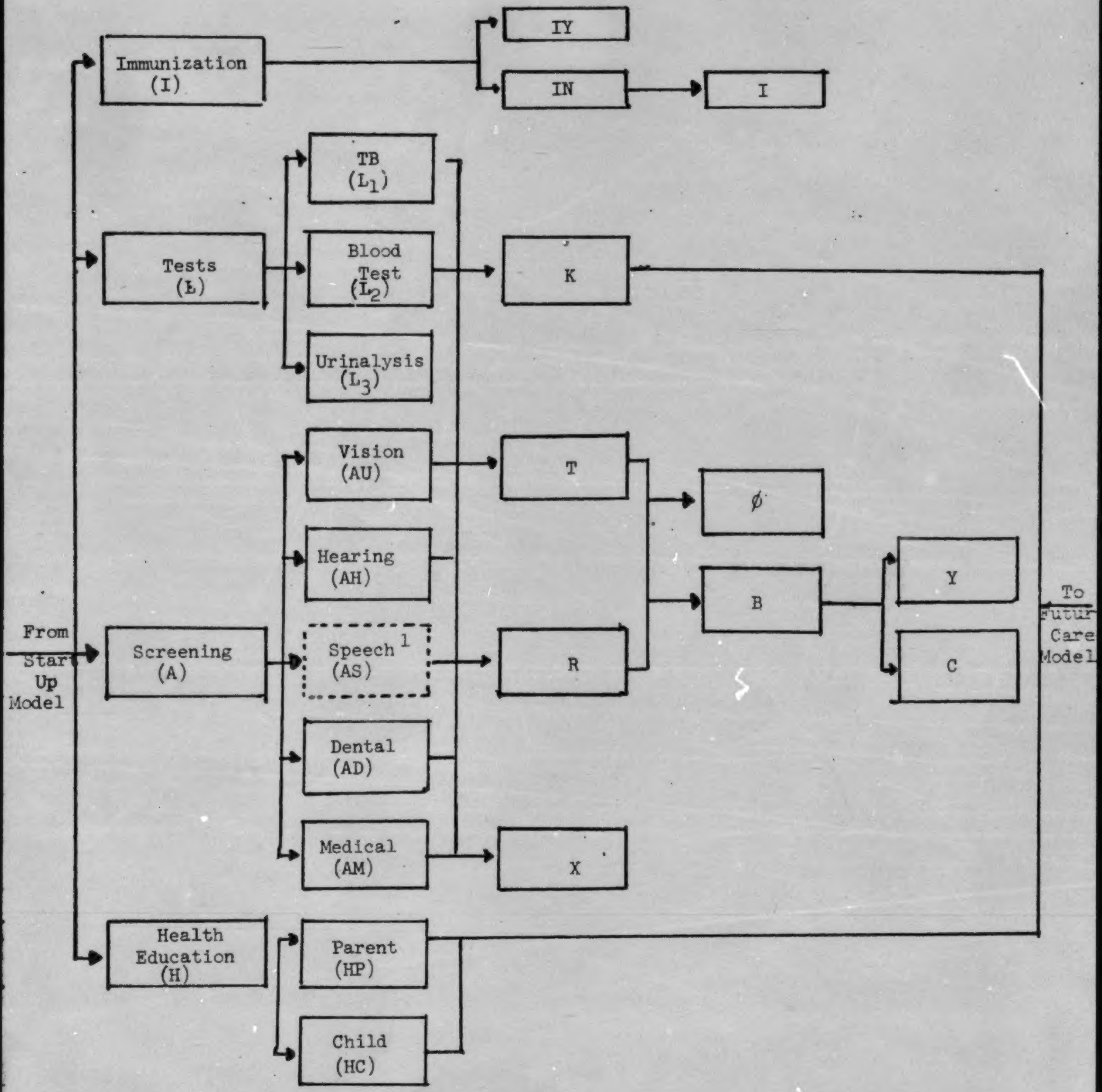
[1] Codes used in the Quarterly Health Format.

Figure 4 Health Start - Service Model



[1] Optional

A. Program Objectives

Under goals of Health Start, it states that the projects are expected to focus on the detection and correction of underlying health problems.

B. Program Guidelines

1. Detection Program of Required Services: Detection services must include screening linked with subsequent diagnostic assessment. Minimum detection services required are:
    1. Medical and developmental history.
    2. Determination of immunizations needed.
    3. Physical screening.
    4. Laboratory screening through hematocrit or hemaglobin determination and urinalysis.
    5. Vision and hearing screening.
    6. Preliminary dental screening to establish priorities for treatment.
2. Treatment Program Linked to Detection Process: A organized treatment program must include:
    1. Treatment of all health problems detected.
    2. Providing needed immunizations.
    3. Basic dental care services defined as follows:
        - a) Diagnostic examination including X-rays necessary to complete needed treatment.
        - b) Dental prophylaxis and instruction in self-care oral hygiene procedures.
        - c) Topical fluoride application.
        - d) Restoration of carious (decayed) teeth with silver amalgam, silicate cement, plastic materials, and stainless steel crowns where indicated, with careful consideration for the health of the dental pulp.
        - e) Extraction of non-restorable teeth and other services required for the relief of pain and infection.
3. Health Education Program: (See Start-Up Model for education program guidelines).

C. Research Questions

1. Were all enrolled children given required laboratory and screening tests?

2. Were required immunizations completed for all enrolled children?

3. What proportion of enrolled children required medical treatment?

4. What types of medical problems were encountered and what proportion of these were judged to be likely to interfere with future health or performance if not treated?

5. What proportion of enrolled children required dental treatment and what type of treatment?

6. What was the average and range of health service encounters required for children to be screened and treated?

7. What proportion of children requiring medical treatment were treated?

8. What proportion of children treated for medical problems that could be corrected within the Health Start year were completed?

9. What proportion of children were treated for medical problems that could not be corrected within the Health Start year?

10. Do certain service delivery strategies consistently show higher performance on research questions 1 through 9 than other strategies?

11. What percentage of parents of enrolled children were provided with health education?[1]

12. What percentage of enrolled children were provided with health education?

13. Is there a relationship between deviation from guidelines in the development of the educational program and the percentages of parents and children provided with health education?

14. How well have the Health Start projects done on the delivery of health services in comparison with the sample of Head Start projects?

15. What are the total costs per child and the cost per child for each category of services provided?

16. How do the cost per child in Health Start compare with the health cost per child in Head Start?

---

[1] See Appendix E for the analysis plan and the survey instrument to be used for assessing the effects of the health education program on the parents of enrolled children.

D. Quantitative Measures - All from Reporting System

N = Number of children enrolled

I = Number of children screened for completeness of immunization

IY = Number of children with complete immunization

IN = Number of children with incomplete immunization

IN̸ = Number of children whose immunization was completed by project

L_1 = Number of children given TB lab test

L_2 = Number of children given hemat/hemo lab test

L_3 = Number of children given urinalysis

AV = Number of children given vision screening

AH = Number of children given hearing screening

AS = Number of children given speech screening

AM = Number of children given medical screening

AD = Number of children given dental screening

HC = Number of children given health education

P = Number of parents of enrolled children

HP = Number of parents given health education

K = Number of children who need no further treatment

T = Number of children who will be provided treatment given by same agency as for screening

R = Number of children who needed treatment and were referred to another agency

X = Number of children already under treatment

Ø = Number of children who needed treatment but no treatment was started

B = Number of children where treatment was started

Y = Number of children where treatment was completed

C = Number of children where treatment was started but cannot be completed in Health Start year

S = Number of children with severe health problems

M = Number of children with mild health problems

E_1 = Number of teeth extracted

E_2 = Number of dental caries repaired

E_3 = Number of other types of dental treatment given

SR_2 = Cost of services in dollars

G = Total grant

HG = Health component of Head Start grant

E. Description of Project Operations - from Site Visits

1. Describe screening procedures (such as by groups or individual appointments).

2. How are appointments controlled?

3. How is the screening process conducted?

4. How are decisions made about referrals for treatment?

5. How are priorities set if funds or services are less than needed?

6. What problems have been encountered in the provision of health services?

F. Analysis Plan

1. Research Question #1

Does $I_i + L_i + A_i = N$

2. Research Question #2

Does $I\cancel{N} = N$

3. Research Question #3

$$\frac{L_i(T+R+X) + A_i(T+R+X)}{N}$$

4. Research Question #4

   a) Type (see medical code) and frequency of medical problems encountered.

   b) $\frac{T + R}{S}$ for total and for each type

5. Research Question #5

   a) $\frac{AD\ (T+R+X)}{N}$

   b) $\frac{E_1}{AD(T+R)}$

   $\frac{E_2}{AD(T+R)}$

   $\frac{E_3}{AD(T+R)}$

6. Research Question #6

   a) $\frac{\Sigma \text{ encounters}}{N}$ for total and for each step in the model

   b) Frequency distribution of encounters - for total and for each step in the model.

7. Research Question #7

   $\frac{Y}{T+R}$ for total and for each type of treatment required

   $\frac{B}{T+R}$ for total and for each type of treatment required

8. Research Question #8

   $\frac{Y}{(T+R)-C}$ for total and for each type of treatment

9. Research Questions #9

$\frac{C}{T+R}$ for total and for each type of treatment

10. Research Question #10

Measures from Research Questions 1-9

	1	2	3	4	5	6	7	8	9
Strategy 1 Group-Screening by Para-Professionals									
Strategy 2 Group-Screening by Professionals									
Strategy 3 Individual-Screening by Para-Professionals									
Strategy 4 Individual-Screening by Professionals									

11. Research Question #11

$\frac{HP}{P}$

12. Research Question #12

$\frac{HC}{H}$

13. Research Question #13

Compute Biserial r between education programs that conform/not conform and $\frac{HP}{P}$ and $\frac{HC}{N}$

14. Research Question #14

Measures from Research Questions 1-13

	1	2	3	4	5	6	7	8	9	10	11	12	13
Health Start													
Sample of 15 Head Starts													

15. Research Question #15

$$\frac{G}{N}$$

$$\frac{SR_2 \text{ x number of children provided each type of treatment}}{\text{number of children provided each type of treatment}}$$

16. Research Question #16

$$\frac{G}{N} \underset{<}{\geq} \frac{GH}{N}$$

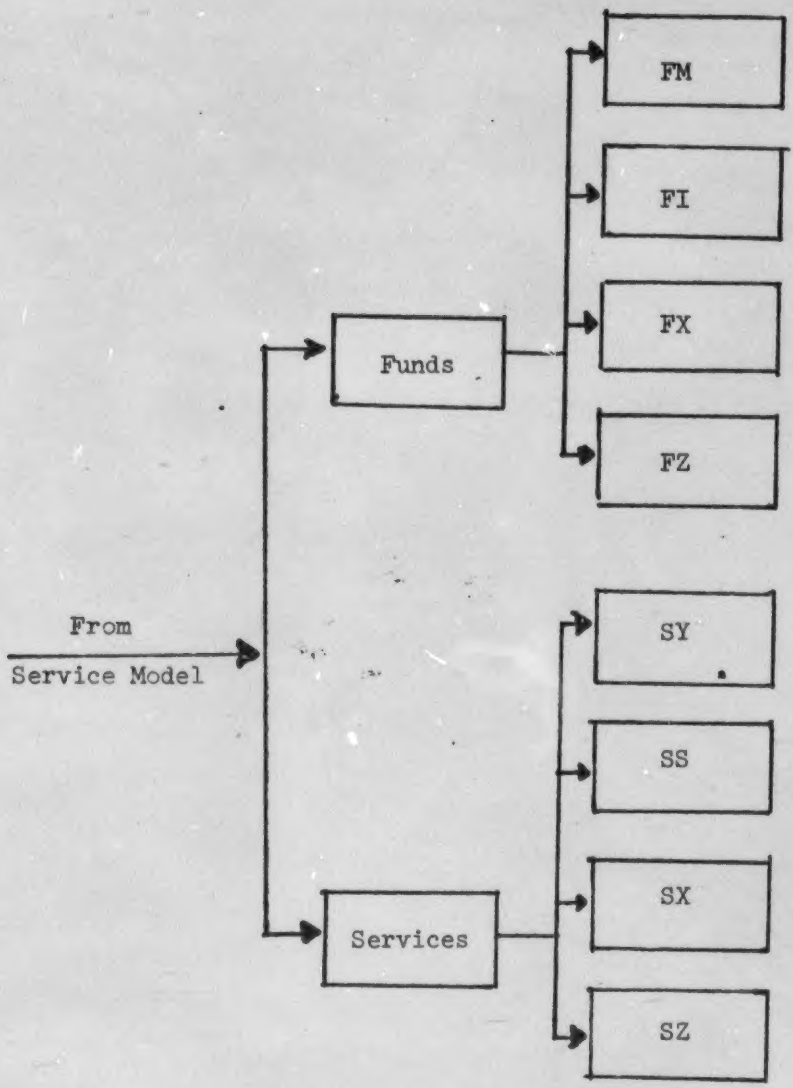
V. FUTURE CARE MODEL

Health Start Projects are funded for one year and children enrolled are not allowed to participate for a second year. The children have continuing health needs and so provision should be made for those future needs during the project's year of operation.

Figure 5 shows the future care model to be used in this evaluation. The project must identify both funds and service sources for each child's future dental and medical care needs. For funds, the child could be enrolled in the Medicaid program (M); could have other insurance (I); the project could find other funds (X); or no funds could be assured (Z).

For services, the individual or agency that provided health services during the Health Start year could continue to provide services (Y); the

Figure 5 Health Start - Future Care Model



services could be the same as used by the family before Health Start (S) other services could be found (X); and no arrangements may be made (Z).

A. Program Objectives

To develop new ways of assisting preschool economically disadvantaged children through their parents to become linked to continuous health delivery arrangements whenever possible.

B. Program Guidelines

No specific guidelines prescribed.

C. Research Questions

1. What proportion of children were assured of continuing health funds and services after the Health Start year was over?

2. What proportion of children were assured of health funds and services were the results of the projects effort?

3. What proportion of children were assured of continuing health funds but have no access to health services?

4. What proportion of children could be provided with continuing health services if funds were available?

5. What strategies employed by different projects resulted in a higher proportion of children being assured of continuing health care?

6. Did a higher proportion of families receiving parent health education obtain continuing health care assurance by one means or another than families who received little or no parent health education?

7. What problems were encountered in assuring future care for children?

D. Quantitative Measures - All from Reporting System

N = Number of children enrolled

FM = Number of children enrolled in Medicaid

FI = Number of children with other types of insurance

FX = Number of children with other sources of funds

FZ = Number of children with no funds assured for following years

SY = Number of children who will continue with services provided by Health Start

SS = Number of children who will go back to services they used before Health Start

SX = Number of children for whom other services have been found

SZ = Number of children for which no arrangements for service were made.

E. Description of Project Operations - from Site Visits

1. Describe amount of effort and approaches used to assure funds and services for future health care of children.

2. Describe problems encountered in securing future care for children.

F. Analysis Plan

1. Research Question #1

a) $\frac{FM + FI + FX}{N}$

b) $\frac{SY + SS + SX}{N}$

2. Research Question #2

a) $\frac{FX}{FX+FI+FX}$

b) $\frac{SX}{SY+SS+SX}$

3. Research Question #3

$\frac{(FM + FI + FX) + SZ}{N}$

4. Research Question #4

$$\frac{(SY + SS + SX) - FZ}{N}$$

5. Research Question #5

Measures of Research Questions 1 and 2

	1	2
Strategy 1		
Strategy 2		
Stragey n		

6. Research Question #6

Describe problems encountered.

APPENDICES

to

HEALTH START ANALYSIS PLAN AND DATA COLLECTION INSTRUMENTS FOR SECOND PROGRAM YEAR

Working Paper 964-2

August 16, 1972

by

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and

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APPENDIX A

Analysis Plan and Interview Forms for Assessing The Effectiveness of National and Regional Attempts to Coordinate Health Services at These Levels

Analysis Plan and Interview Forms for Assesssing The Effectiveness of National and Regional Attempts to Coordinate Health Services at These Levels

Cynthia Thomas

A. Program Objectives

Interagency coordination of HEW resources for Health Start at the national, regional, state and local levels.

Portions of these objectives, as they are stated in the guidelines, are appropriate to this section.

1. To demonstrate the feasibility of a service coordination approach....
2. ....assure improved utilization of local, state and federal resources in providing health services.

B. Program Guidelines

To maximize the availability of resources to Health Start sites, agencies at the national level have to explain the Health Start program to levels within their agencies that will be responsible for facilitating the coordination of resources. (See Figure). The guidelines state that "responsibility for the quality and successful operation of Health Start programs will rest with the national Health Start Health Director with assistance from the regions (p. 6)." At the regional level, the assistant regional director is supposed to designate someone to be administratively responsible for Health Start. This person should establish a committee that includes representatitves of collaborating HEW agencies. This committee is supposed to (1) assist in proposing possible sites, (2) solicit proposals,

(3) recommend which proposals should be funded, (4) (provide review and recommendations for technical assistance) in conjunction with AAP and USPHS Division of Dental Health, (5) make grants, (6) monitor grantees (guidelines, p. 7).

C. Research Questions

1. Did the national and regional offices conform to the guidelines in promoting coordination?
2. What communications took place among agencies at the national level to facilitate the coordination of services for Health Start?
3. What communications were initiated by national HEW agencies with regions, states, and localities to facilitate the coordination of resources?
4. What communications were initiated by regions to facilitate coordination, with the national level, with states, and with localities?
5. What communications were initiated by states with agencies at other levels to facilitate coordination?
6. Why did various agencies expend effort/not expend effort to ensure that resources would be coordinated for Health Start?

D. Quantitative Measures

nc_{LA} = number of communications initiated at each level (L = national, regional, state, or local) by each appropriate agency (A).

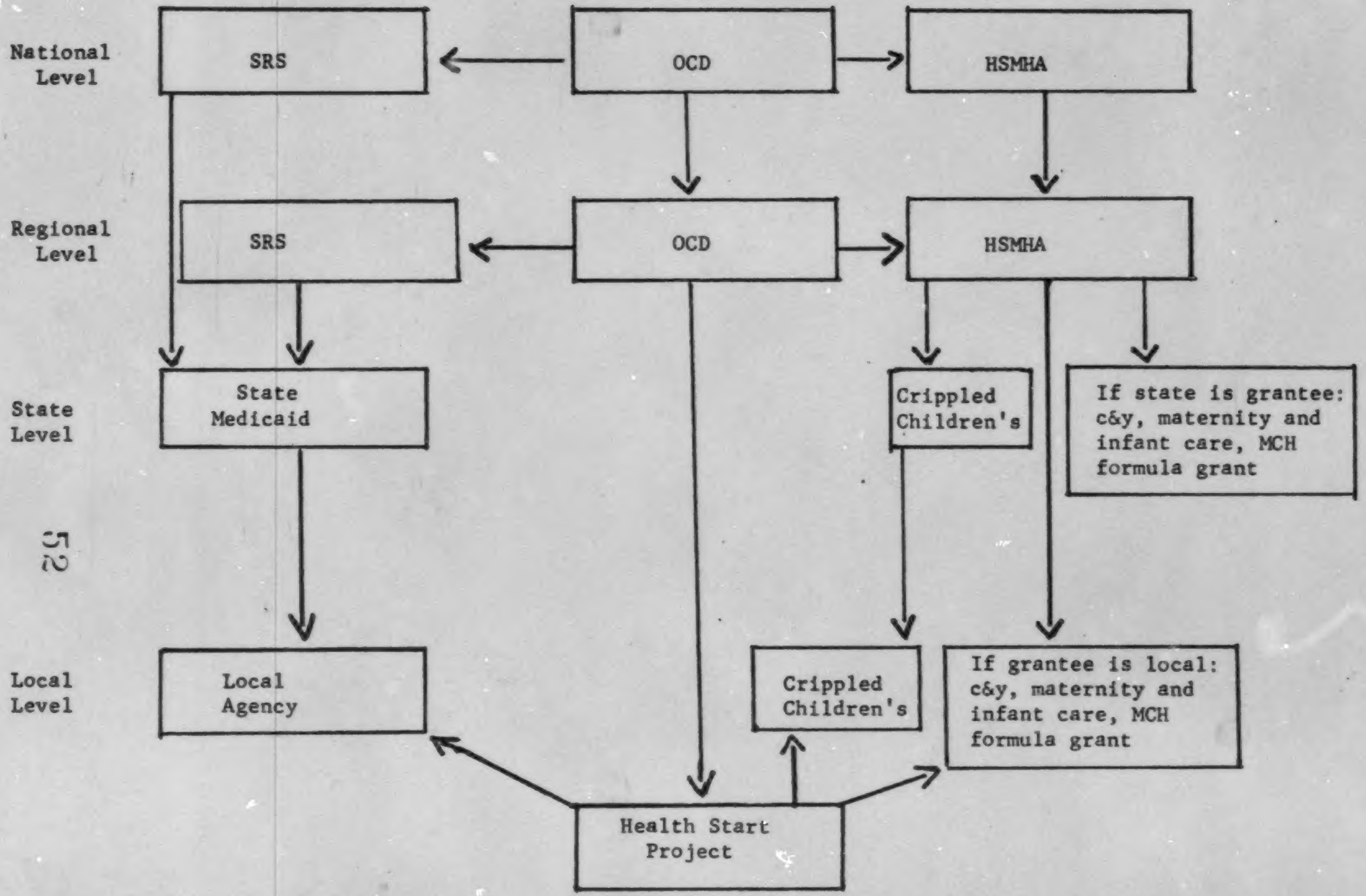
$\frac{U}{nc_{LA}}$ = proportion of useful communications

E. Analysis

1. Research question #1. Compare guideline requirements with reports from national and regional people about their activities.

2. Research question #2-5. Trace communications at each level from the first pre-guidelines messages to final messages, determining decisions made and the outcomes of the decisions.
3. Research question #6. Ask appropriate people at the regional and national levels to specify their program priorities in relation to Health Start, and their problems in interacting with other agencies to coordinate Health Start services.

COMMUNICATION MODEL



Health Start

NATIONAL INTERVIEW

NATIONAL INTERVIEW

RESPONDENT

NAME ____________________

TITLE ____________________

AGENCY ____________________

DATE OF INTERVIEW ____________________

INTERVIEWER ____________________

1. Did you receive a copy of the final version of this year's Health Start guidelines, sent by Edward Zigler to the Assistant Regional Directors of OCD on February 29, 1972?

YES (SKIP TO Q.2)	1
NO (ASK A)	2
OTHER	3

IF NO:

A. Have you seen or read a copy of these guidelines?

YES	1
NO	2

2. Thinking about the plans for this year's Health Start program, as they are stated in the guidelines and elsewhere, are you basically pleased or displeased with them?

PLEASED	1
DISPLEASED	2
OTHER	3

3. What parts of the plans are the strongest?

4. What parts of the plans are the weakest?

IF LISTS WEAK POINTS:
A. What changes would you recommend to improve these weak points?

5. As you understand them, what are the goals and objectives of the 1972 Health Start program?

6. Does your agency have a role at the National level, in relation to Health Start? A person may be on the committee, but his agency is not.

YES (ASK A) 1

NO 2

A. What is that role?

7. A. How would you define coordination of resources, as this term is used for the Health Start program?

If appropriate -

7. B. What does the Health Start definition of coordination mean for your agency at the national level?

8. What should the national Health Start committee do for the Health Start program?

A. [Other than what you've already mentioned] What has the committee done?

B. How could the national Health Start committee be more effective?

9. Thinking back over the last several months, what meetings or discussions have been held, or what memos have been sent, between your agency and (other) HEW agencies (including OCD) at the national level about coordinating resources for Health Start? Try to orient the interviewee towards using their calendar and file. Get the dates first, then fill in information for a, b, c, d, etc.

FIRST, before the February 29 guidelines were issued?

RECORD DATES IN TABLE

SECOND, after the February 29 guidelines were issued?

RECORD DATES IN TABLE

PROBE FOR SESSIONS YOU KNOW ABOUT

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

		1. Date	2. Date	3. Date
E.	[TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F.	Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G.	(IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H.	In general, was this (communication) useful, or not useful? Why is that?			

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	4. Date	5. Date	6. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	4. Date	5. Date	6. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

10. Since the guidelines were issued, what meetings or discussions have been held, or what memos have been sent, between (your agency) (OCD) at the federal level and your regional level people concerning coordination of resources for the 1972 Health Start program?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

ASK NON-OCD PEOPLE ONLY:

11. **Since the guidelines were issued, what meetings or discussions have been held, or what memos have been sent, between your agency at the federal level and your agency at the state level?**

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

ASK NON-OCD PEOPLE ONLY

12. Since the guidelines were issued, what meetings or discussions have been held, or what memos have been sent, between your agency at the federal level and your agency at the local level (that is, in cities, counties, or towns)?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

ASK EVERYONE:

13. Since the guidelines were issued, what meetings or discussions have been held, or what memos have been sent, between Health Start projects and your agency at the national level?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

		1. Date	2. Date	3. Date
E.	[TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F.	Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G.	(IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H.	In general, was this (communication) useful, or not useful? Why is that?			

14. As far as you know, what are the main Barriers to Coordination or problems at the local, state, regional, national level in coordinating the following programs with Health Start?

and (READ PROGRAMS APPROPRIATE TO RESPONDENT FIRST)

(ASK FOR EACH: What are the constraints at local (city, town or county), state, regional, or national levels)?

Program	Barriers to Coordination	FOR EACH BARRIER ASK: How can this be overcome?
SRS-Medicaid		
Title XIX Early Periodic Screening		
Diagnosis & Treatment (EPSDT)		
Title XI-Section 1115 Demonstration Money		
HSMHA Maternal & Child Health Services		
Crippled Children's Agencies		
Children & Youth Projects		

Program	Constraint	FOR EACH CONSTRAINT ASK: How can this be overcome?
Migrant Health Service		
Dental Health Projects		
Maternity-Infant Care		
Indian Health Service		
Community Health Centers		
National Health Service Corps		
Community Mental Health Centers		
Neighborhood Lead Poisoning Control		

15. What programs in HEW, other than those I have mentioned, could be coordinated with Health Start?

What are the main barriers to coordination, if any?

16. In general, what programs or tasks in your agency have the highest priority?

A. Why is that?

17. In general, what programs or tasks in your agency have the lowest priority?

A. Why is that?

18. In general, is Health Start closer to being a high priority task, a low priority task, or is it just in between?

A. Why is that?

19. In general, would you say that it is easy or difficult for HEW agencies to work together at the national level for the Health Start program?

EASY 1

DIFFICULT 2

A. Why is that?

20. If you could design a third year Health Start program, what would it be like?

REGION ______________

Health Start

REGIONAL INTERVIEW

REGIONAL INTERVIEW

RESPONDENT:

NAME ______________________________

TITLE ______________________________

AGENCY ______________________________

DATE OF INTERVIEW ____________________

INTERVIEWER __________________________

LENGTH OF TIME IN PRESENT POSITION ______

INTRODUCTION

We realize that everyone does not have the same level of involvement with the Health Start program. Some of these questions may not apply to you, or to people in this region. We can cover such questions quickly. If you have any records of meetings, or copies of memos that would help you recall the Health Start program, perhaps you would like to get them before we begin.

1. When did you first hear (officially) about the Health Start program for 1972 (since you started this job)?

   __________ Month   __________ Date

   A. Who told you about the 1972 program?

   NAME: ______________________________

   TITLE, AGENCY: ______________________________

   B. Were you informed by memo, by telephone, in a personal conversation, or how?

   MEMO 1

   TELEPHONE 2

   CONVERSATION 3

   OTHER (Explain) 4

C. IF NOT MENTIONED:

Did you receive a copy of the Health Start guidelines?

YES 1

NO 2

2. Do you have a role at the regional level, in relation to Health Start?

YES (ASK A AND B) 1

NO 2

A. What is that role?
(PROBE FOR DESCRIPTION OF RESPONSIBILITIES.)

B. IF LISTS SOMETHING, REPEAT FOR EACH ITEM:
How well have you been able to (ITEM)--very well, fairly well, or not very well?

	ITEM 1	ITEM 2	ITEM 3
VERY WELL			
FAIRLY WELL			
NOT WELL	[ASK (1)]	[ASK (1)]	[ASK (1)]

IF NOT WELL:

(1) Why is that?

ITEM 1 ______________________________

ITEM 2 ______________________________

ITEM 3 ______________________________

3. (Other than what you have mentioned) what are some things that a person in your position might be able to do to make Health Start a successful program?

    1.

    2.

    3.

4. Have you been able to do (these things)?
[IF APPROPRIATE, PROBE FOR EXPLANATION.]

5. In general, what programs or tasks in your agency have the highest priority?

    A. Why is that?

6. In general, what programs or tasks in your agency have the lowest priority?

    A. Why is that?

7. In general, is Health Start closer to being a higher priority task, a low priority task, or is it just in between?

   A. Why is that?

[FOR SRS PEOPLE ONLY]

8. Which States in your region, with Health Start programs, have State plans for EPSDT funds?

[FOR STATES WITHOUT PLANS]

9. What has to happen before (STATE)'s plan will be ready? (What is holding up the plan?) (Who will ensure that the plan is completed?)

IF STATE PLAN IS IN:

10. Can (STATE) now make payments for EPSDT?

YES 1

NO (ASK A) 2

   A. Why not?

11. A. How does (EACH STATE) plan to do screening under EPSDT?

B. Can anyone besides physicians be reimbursed for screening in (EACH STATE)?

12. IF APPROPRIATE:
Who would you contact in each of the following States to provide information about programs supervised by your agency--as they apply to Health Start?

[LIST STATES IN THE REGION WITH HEALTH START PROJECTS]

STATE	CONTACT

13. Are you presently a member of a Regional Health Start Committee in this region?

YES	1
NO (ASK A)	2

A. Have you ever been a member of a Regional Health Start Committee in this region?

YES	1
NO	2

(PROBE FOR EXPLANATION OF STATUS)

14. Have people at the Regional level in this region done any of the following things?

IF YES TO B, ASK C AND D

A.	Have they	B. CIRCLE ONE	C. Who worked on this task? (OBTAIN NAMES)	D. What did you do?
a.	Established criteria for selecting Health Start sites?	YES NO		
b.	Reviewed Health Start project proposals?	YES NO		
c.	Selected projects to by funded?	YES NO		
d.	Determined the amount of funds for projects?	YES NO		
e.	Provided assistance to groups planning Health Start projects?	YES NO		
f.	Provided assistance to projects in operating their programs?	YES NO		
g.	Coordinated resources for Health Start projects?	YES NO		

15. We would like to find out about how the Health Start committee has functioned in this region. If there have been meetings, memos, or other important communications could you tell us about them? When did you first exchange ideas (about the 1972 Health Start program), either on paper, together at a meeting, or in some other way?

______________ MONTH

______________ FORM OF COMMUNICATION

A. Who called (initiated) the meeting (discussion) (sent the memo)?

B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS.

C. What, in general, was discussed (at the meeting) (in the memo)?

D. IF MEETING OR DISCUSSION:
What decisions or recommendations were made? That is, what did participants decide should happen?

ASK E IF DECISIONS WERE MENTIONED IN D:

TAKE EACH DECISION SEPARATELY

E. Who was responsible for seeing that _______ got done?

IF MEETING:

F. Were you asked to do something (else) as a result of the meeting?

What was that?

Have you been able to do it?

G. (IF APPROPRIATE)
May I have a copy of (this memo) (written records or minutes)?

H. In general, was this (communication) useful, or not useful?

Why is that?

16. Since (FIRST DATE) have other meetings been held, memos exchanged, or other communications taken place among people in this region?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

17. Since you first heard about the Health Start program on ________, have any communications, meetings, memos, discussions, taken place between you and people at the national level in OCD, or in some other part of HEW?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

18. Since (you first heard about the Health Start program) have any communications--meetings, memos, discussions--taken place between you and people in other regions at the Regional level?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

19. Since (you first heard about the Health Start program) have any communications taken place between you and people at the State level?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

20. Since (you first heard about the Health Start program) have any communications taken place between you and local agencies--in counties, cities, or towns?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

21. Since (you first heard about the Health Start program) have any communications taken place between you and ________________ Health Start projects?
SPECIFY

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

		1. Date	2. Date	3. Date
A.	Who called (initiated) meeting (discussion) (sent the memo)?			
B.	Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C.	What, in general, was discussed (at the meeting) (in the memo)?			
D.	IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that ___ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

ASK EVERYONE, IF APPROPRIATE:

22. As you understand them, what are the goals and objectives of the 1972 Health Start program?

23. How would you define coordination of resources, as this term is used for the Health Start program?

24. **As far as you know, what are the main constraints or problems at the local level, at the regional level, and at the national level, in coordinating the following programs with Health Start? [READ PROGRAMS APPROPRIATE TO RESPONDENT]**

Program	**Constraint** (Specify Level)	**FOR EACH CONSTRAINT ASK: How can this be overcome?**
SRS Medicaid		
Title XIX(EPSDT) Early Periodic Screening Diagnosis and Treatment		
Title XIX - Section 1115 Demonstration Money		
HSMHA Maternity - Infant Care Projects		
Crippled Children's Services		
Children & Youth Projects		
Projects for Dental Health of Children		
Neighborhood Health Centers		

Program	Constraint (Specify Level)	FOR EACH CONSTRAINT ASK: How can this be overcome?
National Health Service Corp.		
Community Mental Health C Centers		
Childhood Lead Based Paint Poisoning Control		
Indian Health Service		
Migrant Health Program		

25. What programs in HEW other than those I have mentioned, could be coordinated with Health Start?

What are the main barriers to coordination, if any?

26. In general, would you say that it is easy, or difficult for agencies to work together in your region for the Health Start program?

EASY 1

DIFFICULT 2

A. Why is that?

27. If you could design a third year Health Start program, what would it be like?

APPENDIX B

Field Collection Format

FIELD COLLECTION FORMAT

Project: ______________________________

U.I. Monitoring Team: ______________________________

____

Dates of Site Visit: ______________________________

Persons Interviewed:

Name	Title	Agency

GENERAL INSTRUCTIONS FOR MONITORING TEAM

I. PRE-SITE TASKS

1. One member of the team should call the project coordinator well in advance to confirm the monitoring dates and to schedule interviews with the Health Start and Head Start staffs. (Use of the Pre-Site Telephone Interview Format. Look over the (1) Pre-Site Data completed by the coordinator at the Coordinators' Conference and (2) the Proposal Summary - before making the call.)

2. The same team member should call the OCD regional office person assigned to Health Start to clear the dates. (Mary Sarley has the list.) Do this as soon as possible so that the regional people will not say that they were not informed of our activities.

3. (If this is a refunded project) Read from the files: (1) the Field Collection Format and the (2) Debriefing Form. You should also read (but may take along) the (1) Vignette (if one was written for the project you are visiting), (2) the Interim Report (for references about the project), and (3) the Second Supplement to the Interim Report (to review the most recent performance data for the first year program).

4. Read or review Garth's analysis plan, the U.I. proposal, the Health Start guidelines, the SRS guidelines for Early Periodic Screening, Diagnosis and Treatment (EPSDT), the July 31 Quarterly Health Report (if it's in) and any correspondence we've had about the project.

5. Get from Mary Sarley and become familiar with: (1) the proposal and (2) the Field Collection Notebook. The notebook will include: the Field Collection Format, the Health Start guidelines, the EPSDT guidelines, the Pre-Site Data, the Proposal Summary, the Project Profile (of services available to be coordinated), and the Expenditure Format.

II. THE FORMAT-PROCEDURE

A. General Information

1. This Field Collection Format contains 15 sections; some longer than others, some of more importance than others. Before going into the field we give you (1) estimates of time to be spent on each section of the Format and (2) priorities of data needs (and the corresponding sections of the Format) so you will know how to budget your time.

2. Except for the initial session (introductions and Section I), the U.I. team should split up and conduct the remaining sections of the Format separately.

3. Begin each interview with an introduction about: the Health Start program (if it's an outside agency interview), the evaluation and the Urban Institute. Tell the person who is to be interviewed approximately the amount of time you will need. Also verify that the person you are talking with is either (1) the one who is in charge of what you need to discuss or (2) knows the most about what you want to discuss.

4. Avoid leading questions.

5. Do not give technical assistance to the project unless it has something to do with the evaluation, e.g., filling in the forms. Tell them to call their regional office, AAP consultant, dental consultant (whoever is appropriate). If they get no action, tell them to call Jim Kennelly.

6. Please try to write legibly (or re-write if necessary) so that Mary will not have to retype many of the Formats. Use a black pen so that the handwritten copy can be xeroxed.

7. You must hand in your Format and Kennelly memo three days after the site visit. If you will not be returning to D.C. within 5 days, mail your copy in. (Get envelopes from Mary.)

8. Whenever you run across written reports, forms being used or communication, get a copy for our files. Make sure you bring back the final, official version of the budget.

9. You must interview at least two outside agencies (XIII). The priorities are as follows in this order:

a. HEW agencies - non-cooperating.
b. The non-cooperating agencies with the largest potential resources for children 0-6 years of age.
c. Cooperating HEW agencies.
d. Cooperating agencies with largest potential resources for children 0-6.

I. GENERAL INFORMATION FROM COORDINATOR

A. ASK THE COORDINATOR WHO WAS (IS) IN CHARGE OR KNOWS THE MOST ABOUT EACH SECTION OF THE INTERVIEW. THIS INFORMATION IS NECESSARY SO THAT YOU CAN DETERMINE WHO TO INTERVIEW AND HOW TO SCHEDULE THE APPOINTMENTS.

SECTION		PERSON IN CHARGE OR WITH KNOWLEDGE ABOUT:
II.	PLANNING	
III.	COORDINATION OF RESOURCES (PLANNING FORMAT)	
IV.	STAFF TRAINING AND COORDINATORS' CONFERENCE	
V.	OUTREACH AND RECRUITMENT	
VI.	HEALTH SERVICES	
VII.	HEALTH EDUCATION	
VIII.	PARENT PARTICIPATION	
IX.	RECORD KEEPING:	
	URBAN INSTITUTE FORMS	
	PROJECT BOOKKEEPING	
X.	TECHNICAL ASSISTANCE	
XI.	FUTURE CARE ARRANGEMENTS	
XII.	COORDINATOR'S INTERVIEW	
XIII.	NON-COOPERATIVE AGENCIES	
XIV.	HEAD START DIRECTOR	
	COORDINATOR	

B. ASK THE COORDINATOR ABOUT THE TIMES OF THE INTERVIEWS SHE HAS SCHEDULED FOR YOU. (IF THE INDIVIDUALS ARE AVAILABLE FOR MOST OF THE TWO-DAY PERIOD, TRY TO KEEP YOUR SCHEDULE FLEXIBLE SO THAT YOU CAN WORK IN YOUR NON-COOPERATING AGENCY INTERVIEWS

# DAY	INTERVIEW WITH	TIME

C. ASK THE COORDINATOR FOR THE NAMES OF THE LOCAL AGENCIES WHICH WERE CONTACTED FOR POTENTIAL COORDINATION AND WILL NOT PROVIDE ANY RESOURCES FOR USE IN THE HEALTH START PROGRAM (NON-COOPERATING AGENCIES). ALSO ASK FOR THE NAME AND TITLE OF THE PERSON IN THE NON-COOPERATING AGENCY WITH WHOM THEY NEGOTIATED.

Agency	Person Contacted	Title

D. Which of the agencies you mentioned is the largest potential resource for providing health services to children 0-6 years old?

____

the second largest? ______________________________

E. AT THIS POINT. ONE OF THE U.I. STAFF MEMBERS SHOULD EXPLAIN THAT IT IS NECESSARY TO FIND OUT WHY COORDINATION DOES NOT WORK IN SOME INSTANCES; THAT WE WOULD LIKE TO INTERVIEW AT LEAST TWO NON-COOPERATING AGENCIES IN EACH PROJECT. SEE IF YOU CAN GET THE TELEPHONE NUMBERS FROM THE COORDINATOR TO SET UP THE INTERVIEWS.

F. GIVE THE COORDINATOR pp. I-5-9 AND ASK HER TO FILL IN THE INFORMATION ON THE HEALTH START STAFF, INCLUDING THE PAGE ON HER (HIS) OWN BACKGROUND. HAVE HER GIVE IT TO YOU AT THE END OF THE FIELD VISIT.

G. FILL IN THE TIME LINE ON p. I-4 FOR EACH ACTIVITY LISTED. PROBE FOR EXACT DATES WHENEVER POSSIBLE AND ENTER, e.g. 6-17.

PROJECT TIME-LINE

	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
I. PLANNING												
II. OUTREACH												
III. ENROLLMENT												
IV. SCREENING												
Hearing												
Vision												
Medical												
Dental												
Speech (if given)												
V. IMMUNIZATIONS												
VI. TESTS												
Hemat-Hemo												
T-B												
Urinalysis												
Other												
VII. FOLLOW-UP TREATMENT												
Medical												
Dental												
Other												
VIII. HEALTH EDUCATION*												
Parent (group)												
Parent (one-to-one)												
Child (group)												
Child (one-to-one)												

* Code a = daily
b = once a week
c = bi-weekly
d = once a month
e = at time of a group meeting
f = at time of screening, etc.

H. Staff: To Be Completed By Coordinator

1. How many are on the Health Start staff (either paid by Health Start or through other arrangements)? __________

2. Description of Staff

Name ______________________________ Title ____________________
How Recruited? ________________ When Hired?(Assigned) __________
Who Hired?(Title) ______________ Paid By?(Agency) ____________
Full-Time?_____ Part-Time?(describe arrangement and other work) ______
____
Profession (if any) ____________________ Annual Salary: $ ___________
Head Start Experience? (Describe) ______________________________
____
Previous Health Start Experience (Describe) ____________________
____
CAP Experience (Describe) ______________________________________
Other Community Work (Describe) ________________________________
____
From Community being Served?____________________________________
Race/Ethnic Group? ___________ Staff Assignments(% of Time) _________
____
____

Name ______________________________ Title ____________________
How Recruited? ________________ When Hired?(Assigned) __________
Who Hired?(Title) ______________ Paid By?(Agency) ____________
Full-Time?_____ Part-Time?(describe arrangement and other work) ______
____
Profession (if any) ____________________ Annual Salary: $ ___________
Head Start Experience? (Describe) ______________________________
____
CAP Experience (Describe) ______________________________________
Other Community Work (Describe) ________________________________
____
From Community being Served? ___________________________________
Race/Ethnic Group? ___________ Staff Assignments(% of Time) _________
____
____

Name ______________ Title ______________
How Recruited? ______________ When Hired?(Assigned) ______________
Who Hired?(Title) ______________ Paid By?(Agency) ______________
Full-Time? _____ Part-Time?(describe arrangement and other work) ______________
Profession (if any) ______________ Annual Salary: $ ______________
Head Start Experience? (Describe) ______________
Previous Health Start Experience (Describe) ______________
CAP Experience (Describe) ______________
Other Community Work (Describe) ______________
From Community being Served? ______________
Race/Ethnic Group? ______________ Staff Assignments(% of Time) ______________

Name ______________ Title ______________
How Recruited? ______________ When Hired?(Assigned) ______________
Who Hired?(Title) ______________ Paid By?(Agency) ______________
Full-Time? _____ Part-Time?(describe arrangement and other work) ______________
Profession (if any) ______________ Annual Salary: $ ______________
Head Start Experience? (Describe) ______________
Previous Health Start Experience (Describe) ______________
CAP Experience (Describe) ______________
Other Community Work (Describe) ______________
From Community being Served? ______________
Race/Ethnic Group? ______________ Staff Assignments(% of Time) ______________

Name ______________ Title ______________
How Recruited? ______________ When Hired?(Assigned) ______________
Who Hired?(Title) ______________ Paid By?(Agency) ______________
Full-Time? _____ Part-Time?(describe arrangement and other work) ______________
Profession (if any) ______________ Annual Salary: $ ______________
Head Start Experience? (Describe) ______________
CAP Experience (Describe) ______________
Other Community Work (Describe) ______________
From Community being Served? ______________
Race/Ethnic Group? ______________ Staff Assignments(% of Time) ______________

Name
Title
How Recruited?
When Hired?(Assigned)
Who Hired?(Title)
Paid By?(Agency)
Full-Time?
Part-Time?(describe arrangement and other work)
Profession (if any)
Annual Salary: $
Head Start Experience? (Describe)
Previous Health Start Experience (Describe)
CAP Experience (Describe)
Other Community Work (Describe)
From Community being Served?
Race/Ethnic Group?
Staff Assignments(% of Time)

Name
Title
How Recruited?
When Hired?(Assigned)
Who Hired?(Title)
Paid By?(Agency)
Full-Time?
Part-Time?(describe arrangement and other work)
Profession (if any)
Annual Salary: $
Head Start Experience? (Describe)
Previous Health Start Experience (Describe)
CAP Experience (Describe)
Other Community Work (Describe)
From Community being Served?
Race/Ethnic Group?
Staff Assignments(% of Time)

Name
Title
How Recruited?
When Hired?(Assigned)
Who Hired?(Title)
Paid By?(Agency)
Full-Time?
Part-Time?(describe arrangement and other work)
Profession (if any)
Annual Salary: $
Head Start Experience? (Describe)
CAP Experience (Describe)
Other Community Work (Describe)
From Community being Served?
Race/Ethnic Group?
Staff Assignments(% of Time)

Name ____________________ Title ____________________
How Recruited? ______________ When Hired?(Assigned) __________
Who Hired?(Title) ____________ Paid By?(Agency) __________
Full-Time? _____ Part-Time?(describe arrangement and other work) ______
____
Profession (if any) ______________ Annual Salary: $ __________
Head Start Experience? (Describe) ______________________
____
Previous Health Start Experience (Describe) ______________
____
CAP Experience (Describe) ______________________
Other Community Work (Describe) ______________________
____
From Community being Served? ______________________
Race/Ethnic Group? __________ Staff Assignments(% of Time) __________
____
____

Name ____________________ Title ____________________
How Recruited? ______________ When Hired?(Assigned) __________
Who Hired?(Title) ____________ Paid By?(Agency) __________
Full-Time? _____ Part-Time?(describe arrangement and other work) ______
____
Profession (if any) ______________ Annual Salary: $ __________
Head Start Experience? (Describe) ______________________
____
Previous Health Start Experience (Describe) ______________
____
CAP Experience (Describe) ______________________
Other Community Work (Describe) ______________________
____
From Community being Served? ______________________
Race/Ethnic Group? __________ Staff Assignments(% of Time) __________
____
____

Name ____________________ Title ____________________
How Recruited? ______________ When Hired?(Assigned) __________
Who Hired?(Title) ____________ Paid By?(Agency) __________
Full-Time? _____ Part-Time?(describe arrangement and other work) ______
____
Profession (if any) ______________ Annual Salary: $ __________
Head Start Experience? (Describe) ______________________
____
CAP Experience (Describe) ______________________
Other Community Work (Describe) ______________________
____
From Community being Served? ______________________
Race/Ethnic Group? __________ Staff Assignments(% of Time) __________
____
____

Name ______________________ Title ______________________
How Recruited? ______________ When Hired?(Assigned) __________
Who Hired?(Title) ___________ Paid By?(Agency) ______________
Full-Time? ____ Part-Time?(describe arrangement and other work) ______
____
Profession (if any) ______________ Annual Salary: $ __________
Head Start Experience? (Describe) ____________________________
____
Previous Health Start Experience (Describe) ___________________
____
CAP Experience (Describe) __________________________________
Other Community Work (Describe) ____________________________
____
From Community being Served? ______________________________
Race/Ethnic Group? __________ Staff Assignments(% of Time) __________
____
____

Name ______________________ Title ______________________
How Recruited? ______________ When Hired?(Assigned) __________
Who Hired?(Title) ___________ Paid By?(Agency) ______________
Full-Time? ____ Part-Time?(describe arrangement and other work) ______
____
Profession (if any) ______________ Annual Salary: $ __________
Head Start Experience? (Describe) ____________________________
____
Previous Health Start Experience (Describe) ___________________
____
CAP Experience (Describe) __________________________________
Other Community Work (Describe) ____________________________
____
From Community being Served? ______________________________
Race/Ethnic Group? __________ Staff Assignments(% of Time) __________
____
____

Name ______________________ Title ______________________
How Recruited? ______________ When Hired?(Assigned) __________
Who Hired?(Title) ___________ Paid By?(Agency) ______________
Full-Time? ____ Part-Time?(describe arrangement and other work) ______
____
Profession (if any) ______________ Annual Salary: $ __________
Head Start Experience? (Describe) ____________________________
____
CAP Experience (Describe) __________________________________
Other Community Work (Describe) ____________________________
____
From Community being Served? ______________________________
Race/Ethnic Group? __________ Staff Assignments(% of Time) __________
____
____

---

3. Health Coordinator's Background

a. Education

Field ____________________
Degree(s) ________________
From Where _______________
When _____________________

b. Health Experience

Type	Yrs. of Experience
Public Health _______________	_____
Pediatric ________________	_____
Other (Describe) __________	_____
______________________________	_____
______________________________	_____

c. Other Experience

Type	Yrs. of Experience
Administrative _____________	_____
Teaching: Head Start _______	_____
Other ___________	_____
Community Organization _____	_____
Other _____________________	_____
______________________________	_____
______________________________	_____

d. Previous Position (before Health Start)

Agency ____

Title ____

Number of Years in Position __________

PERSON INTERVIEWED: ____________

TITLE: ____________

II. PLANNING

A. OFFICIAL NOTIFICATION

1. When did you first hear about Health Start (EITHER FOR THE FIRST TIME OR IF A REFUNDED PROJECT THE 1972 PROGRAM)?

____

2. Who officially notified you about the 1972 Health Start program? ____________

a. When? ____________

3. How were you notified?

a. Did you receive guidelines in mail? ________
b. Were you telephoned by your regional office? ________
c. Other? ____________

4. Did your regional office inform you that:

READ THE FIRST SENTENCE OF a, b, c.

a. The region was going to solicit proposals from many grantees yours being one of them? ________
(IF YES) How long did you have before the proposal had to be submitted?
____

b. A limited number of grantees were asked to submit proposals or summaries of their planned activities? ________
(IF YES) How many grantees were in competition? ________
Did you submit a summary before you prepared a proposal? ________
(IF YES) How long did you have to write the summary before it had to be submitted? ________
IF A SUMMARY WAS WRITTEN Were you then notified to write a full proposal? ________
(IF YES) How long did you have before the proposal had to be submitted to the regional office? ________
(IF NO) What happened?

c. You had been pre-selected (without active competition) by your region? ________
(IF YES) Do you know why? ____________
(IF YES) Explain.

d. Other alternative (describe).

5. How much time did you actually have to write the proposal (from the time you received official notification until the proposal was due in the regional office)? ____________________

6. What date was the proposal due in the regional office?

____

7. Were you aware of how your regional office would determine who would get a Health Start grant? __________
(IF YES) Describe. ____________________

____

____

B. PLANNING ACTIVITIES

We define planning here as the activities that took place that led to the writing of the Health Start proposal.

1. Was there any one individual in charge of the planning for Health Start? __________
(IF YES) Who? ____________________
Title ____________________

NOTE: IF THIS IS NOT THE PERSON YOU ARE INTERVIEWING, AND IF THAT PERSON IS AVAILABLE, YOU SHOULD BE INTERVIEWING THE PERSON WHO WAS IN CHARGE.

2. When did you begin planning for this year's Health Start project? ____________________

3. Was there an official planning committee for Health Start?

____

(IF SO) Who was on the committee (names & agency)? ____________________

____

Describe the activities of the committee.

4. Were there planning activities that took place outside an official committee? __________
(IF YES) Describe. ____________________

____

____

5. How many contacts (meetings, telephone conversations, etc.) were involved in planning your program? __________

- a. number of meetings of the planning committee __________
- b. number of other meetings __________
- c. number of telephone conversations __________
- d. other ____________________

6. Did the Health Start grant pay for any of the planning activities? __________

a. (IF YES) How much money was spent on planning? $__________

b. Did you have another source of funds to pay for the planning? __________

c. (IF YES) Source of funds ____________________
Amount of funds $ ____________

7. What roles did agencies/individuals play in the planning process (for example, provide lists of children, lists of agencies to contact, administrative assistance, technical assistance). (NOTE: PROBE FOR SPECIFICS, ESPECIALLY IN T/A AREA. SEE BELOW.)

Agency	Name or Title	Role(s)	# of Planning Contacts
Regional OCD			
AAP Consultant			
Public Health Dental Consultant			
Regional SRS			
State Welfare Dept.			
Regional MCH			
CAP			
Head Start			
Head Start Parent Advisory Committees			
Community Teachers:			
Community & Voluntary Organizations			

Agency	Name or Title	Role(s)[1]	# of Planning Contacts
Health Service Providers (local)			
Local Health Dept.			
Local Welfare Dept.			
Parent or Parent Groups			
Other:			

---

[1] Code for possible roles:

1 - attended Health Start planning committee meetings
2 - provided administrative support (collected back-up data, secretarial help, etc.)
3 - wrote proposal
4 - supplied list of children
5 - set up contacts with other agencies or health providers
6 - other technical assistance
7 - reviewed proposal
8 - other (spell out)

5. Were there any difficulties involved with any of the agencies/individuals mentioned above, e.g., contacting them, arranging meetings, reaching agreements, etc.

Agency/Individual	Difficulty/Difficulties

6. Were there any agencies you contacted in the planning process who were not interested/not cooperative? _________
(IF YES) Why?

C. DECISIONS REACHED

1. Were any written (binding) agreements reached with any of the agencies/individuals above? _________
(IF SO) Describe.

2. How was the number of children to be served by Health Start determined? ____

3. How was the target population chosen (e.g., health needs, economic needs, services available)? _________________________

4. Did you use any data to select the target population? _______
(IF YES) What was the source? _______________________________
For what year were the data? ________________________________

5. Are there children who meet the Health Start guideline requirements in your service area (e.g., CAP boundary, county, city, etc.) who are in need of health services and are not enrolled in Health Start or Head Start? _________

(IF SO) a. What would you estimate the number to be? ____________

b. On what data are the estimates based? ____________

____

c. Estimate the percent that are -

urban ________
rural ________
migrant ________

6. If resources were not a problem, could you have enrolled and served more children? ________

(IF YES) a. How many more? ________

(IF NO) b. Why not? ________________________

____

____

7. Did you use the Health Start guidelines in planning your program? ________

CHECK TIME LINE OR PROPOSAL SUMMARY TO DETERMINE WHETHER A REQUIRED COMPONENT IS MISSING. IF ONE OR MORE REQUIRED COMPONENTS ARE MISSING, PROBE TO FIND OUT WHY THE GUIDELINE REQUIREMENT(S) ARE NOT INCLUDED IN THE PROGRAM.

COMPONENT	REASON NOT INCLUDED
________	________ ________
________	________ ________
________	________ ________

IF ONE OF THE ASTERISKED IMMUNIZATIONS WAS NOT PLANNED TO BE GIVEN, ASK WHY.

8. What immunization series is planned for your program?

IMMUNIZATION		WHY NOT GIVEN
*DPT	________	________
*Polio	________	________
*Measles	________	________
*Rubella	________	________
*Mumps	________	________
Smallpox	________	
Other	________	
________		

9. CHECK THE PROPOSAL SUMMARY TO SEE IF ANY TESTS, SCREENINGS WERE DONE THAT WERE NOT REQUIRED. IF THERE WERE ANY, ASK WHY THEY WERE PLANNED.

Test/Screening	Rationale

10. Were components planned for your program that were not required by the Health Start guidelines (for example, babysitting, transportation, meals, family planning instruction, etc.)? ________
(IF YES) Why were these components planned?

COMPONENT	WHY PLANNED?

11. Was the first year health coordinator involved in the planning? ________

(IF NO) Why not? ____

12. (IF A REFUNDED PROJECT) Were any aspects of your first year program dropped or changed?

PROGRAM COMPONENT	DROPPED	CHANGED	HOW CHANGED	WHY DROPPED OR CHANGED

12. (IF THERE IS A HEAD START IN THE COMMUNITY) Are the same or different approaches/persons, etc. used in Head Start and Health Start?

	DON'T KNOW	SAME	DIFFERENT	IF DIFFERENT, WHY?
Outreach Workers				
Medical History Forms				
Bookkeeping Services				
Health Education Materials				
Health Education Approaches				
Health Advisors (local)				
Staff				
Facilities				
Transportation Arrangements				
Dentists				
Medical Professionals				

D. PROPOSAL

1. Who was principally responsible for writing the proposal?

Name: ____________________
Title: ____________________
Agency: ____________________

2. Was the person who was chiefly responsible for writing the proposal involved in the planning? __________
(IF YES) Did (HE/SHE):

attend the planning committee meetings? __________
chair the sessions of the planning committee? __________
negotiate with other persons in the community? __________
other ____________________

3. (IF THIS IS A REFUNDED PROJECT) Did this person have any connection with the first year Health Start project? __________
(IF YES)

planning __________
wrote the proposal __________
other ____

4. Who reviewed the proposal before it was submitted to the regional office?

Person	Title	Agency

5. Were any changes made as a result of the review? __________
(IF SO) Describe what was added or deleted and why?

6. After the proposal was submitted to the regional office, were any changes made:

a. in content? __________ (IF YES) Describe. ______________

b. in budget? __________ (IF SO) Describe. ______________

7. Were special conditions attached to the grant by the regional office? (IF SO) What were they? ________________________________

(GET COPY OF SPECIAL CONDITIONS IF THERE ARE ANY.)

E. PROJECT START UP

1. Did you have any problems in setting up your program? ________ (IF YES) What types of problems?

PROBLEM	DESCRIPTION	TECHNICAL ASSISTANCE FROM	RESOLVED?
Staffing	____________	____________	____
Office/Project Space	____________ ____________	____________ ____________	____ ____
Late Funding	____________ ____________	____________	____
Other	____________ ____________	____________	____

2. When (EXACT DATE) did your project begin operations? ________

3. When did you enroll the first child? (DATE) ____________

4. What happened between the period the project started operations and the day the first child was enrolled? ____________

5. How much time passed between the days the first child was enrolled and the day the first child was screened? ____________

6. What happened in the period between the time the first child was enrolled and the time the first child was screened?

7. Have you written your regional office since your grant was approved? ______ (IF YES) What about?

____

____

____

____

8. Have you received any written communication from your regional office since the grant was approved? ________ (IF YES) What was it about?

____

____

____

____

(GET COPY OF THE COMMUNICATION)

9. Have you been visited by your regional office representative (on Health Start business)? ________ (IF YES)

Who visited ______________________________
When ______________________________
Why ______________________________
____

10. Have you been visited by anyone from the national office (on Health Start business)? ________ (IF YES)

Who visited ______________________________
When ______________________________
Why ______________________________
____

11. Is the water in your community floridated? ________

PERSON(S) INTERVIEWED:

NAME: ______________________________

TITLE: ______________________________

NAME: ______________________________

TITLE: ______________________________

III. COORDINATION OF RESOURCES

BEGIN BY EXPLAINING THAT WE ARE GOING TO GO OVER THE PLANNING FORMAT. ASK THEM TO GET THEIR COPY SO THAT WE CAN WORK FROM IT.
NOTE: SECTION (A) SHOULD BE USED AS AN OPPORTUNITY TO PROVIDE TECHNICAL ASSISTANCE AS WELL AS FOR DATA COLLECTION. IT IS IMPERATIVE THAT THE PROJECT UNDERSTANDS ITS IMPORTANCE AND THAT IT IS FILLED IN PROPERLY WHEN IT IS TURNED IN AT THE END OF THE YEAR.

GO OVER EACH RESOURCE LISTED ON THE PLANNING FORMAT, EVEN IF NO NOTATIONS HAVE BEEN MADE FOR THAT RESOURCE ON THE PROJECT COPY OF FORMAT. YOU MAY HAVE THEM XEROX A COPY OF THE FORMAT IF IT IS COMPREHENSIBLE AND LEGIBLE. IF IT IS NOT, FILL IN THE BLANK PLANNING FORMAT. DO NOT TAKE THEIR ONLY COPY.

We are going to begin this section by going over the Planning Format, asking at the same time additional questions about the resources contacted. Then we will ask special questions about the Title XIX - Medicaid Early Periodic Screening, Diagnosis and Treatment money.

READ THE FIRST ENTRY (SRS-MEDICAID, EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT), FIND OUT WHAT THEY DID. IT IS NOT NECESSARY TO ASK ABOUT TREATMENT REIMBURSEMENT BECAUSE THOSE ELIGIBLE FOR MEDICAID GET AUTOMATIC REIMBURSEMENT. (NO NEGOTIATION FOR COORDINATION IS NECESSARY.)

TRY TO USE SECTIONS A & B SIMULTANEOUSLY. (SECTION B DEALS ONLY WITH THE AGENCIES CONTACTED.) IT IS EASIER TO ASK ALL THE QUESTIONS ABOUT A RESOURCE AT ONE TIME THEN TO DOUBLE BACK ON THE RESOURCES.

KEEP YOUR COPY OF THE PROJECT PROFILE (RESOURCES FOR COORDINATION) HANDY TO SEE IF THE DATA THE U.I. PUT TOGETHER MATCHES THE INFORMATION ON THE PLANNING FORMAT.

III-2

Health Start Project ____________________

PLANNING FORMAT

(Coordination of Funding,
Service and Technical Assistance Resources)

	RESOURCES NOT USED													RESOURCES USED										
	(1)				(2)			(3)						(4)										
	Not Available				Available But Not Contacted			Contacted, but no Agreement Reached						Agreement Reached: Specify Arrangements Made										
														Funding			Services					Technical Assistance		
Potential Resources Available	Ineligible	Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	$ Amount Per Child (if applicable)	Total $ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	$ Amount per Service Unit	$ Amount per Child (if applicable)	$ Amount per Service Unit (if applicable)	$ Amount per Child (if applicable)	Type (Describe Briefly)
SRS-MEDICAID Title XIX -Early Periodic Screening, Diagnosis & Treatment (EPSDT) -Reimbursement for Treatment (does not have to be neglected) -Sec. 1115 Demonstration Money																								
HSMHA MATERNAL & CHILD HEALTH SERVICES Crippled Childrens Agencies Children & Youth Projects Migrant Health Service Projects for Dental Health of Children Maternity & Infant Care																								

Health Start Project ____________________

III-3

PLANNING FORMAT

(Coordination of Funding,
Service and Technical Assistance Resources)

Potential Resources Available	RESOURCES NOT USED													RESOURCES USED											
	(1) Not Available				(2) Available But Not Contacted			(3) Contacted, but no Agreement Reached						(4) Agreement Reached: Specify Arrangements Made										
														Funding			Services					Technical Assistance		
	Ineligible	Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	$ Amount Per Child (if applicable)	Total $ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	$ Amount per Service Unit	$ Amount per Child (if applicable)	$ Amount per Service Unit (if applicable)	$ Amount per Child (if applicable)	Type (Describe Briefly)
INDIAN HEALTH SERVICE																								
COMMUNITY HEALTH CENTERS																								
NATIONAL HEALTH SERVICE CORPS																								
COMMUNITY MENTAL HEALTH CENTERS																								
CHILDHOOD LEAD POISONING CONTROL																								
SOCIAL SERVICES Title IV - A & B																								
STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS																								
U.S. ARMED FORCES																								
SPECIAL FOOD SERVICES PROGRAM FOR CHILDREN																								
MODEL CITIES																								
OEO-NEIGHBORHOOD HEALTH CENTERS																								
FAMILY SERVICES ASSOCIATIONS																								

Health Start Project ____________________

III-4
PLANNING FORMAT

(Coordination of Funding,
Service and Technical Assistance Resources)

	RESOURCES NOT USED													RESOURCES USED (4)										
	(1) Not Available				(2) Available But Not Contacted			(3) Contacted, but no Agreement Reached						Agreement Reached: Specify Arrangements Made										
														Funding			Services					Technical Assistance		
Potential Resources Available	Ineligible	Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity__	# Served (if filled)	Other (Specify)	# of Children (if applicable)	$ Amount Per Child (if applicable)	Total $ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	$ Amount per Service Unit	$ Amount per Child (if applicable)	$ Amount per Service Unit (if applicable)	$ Amount per Child (if applicable)	Type (Describe Briefly)
OTHER STATE AGENCIES																								
PRIVATE HEALTH CARE PRACTITIONERS																								
PUBLIC AND PRIVATE HOSPITALS																								
MEDICAL AND DENTAL SCHOOLS																								
UNIVERSITIES AND COLLEGES																								
PRIVATE FIRMS																								
HEAD START																								
RELIGIOUS WELFARE ASSOCIATIONS																								
LIONS AND ELKS CLUBS																								
ASSOCIATION FOR BLIND AND PREVENTION OF BLINDNESS																								
TUBERCULOSIS ASSOCIATIONS																								
OTHER VOLUNTARY ORGANIZATIONS																								

III-5

Health Start Project ______________

PLANNING FORMAT

(Coordination of Funding,
Service and Technical Assistance Resources)

	RESOURCES NOT USED													RESOURCES USED										
	(1)				(2)			(3)						(4)										
	Not Available				Available But Not Contacted			Contacted, but no Agreement Reached						Agreement Reached: Specify Arrangements Made										
														Funding			Services					Technical Assistance		
Potential Resources Available	Ineligible	Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	$ Amount Per Child (if applicable)	Total $ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	$ Amount per Service Unit	$ Amount per Child (if applicable)	$ Amount per Service Unit (if applicable)	$ Amount per Child (if applicable)	Type (Describe Briefly)
OTHER ASSOCIATIONS FOR CHILDREN'S DISEASES																								
LOCAL CLINICS (excluding above)																								
OTHER																								

B. LEVEL OF EFFORT FOR COORDINATION (AGENCIES CONTACTED)

Resources	Who Negotiated	# of Meetings Held	# of Phone Calls	# of Days Spent in Effort	Technical Assistance From	Used in Head Start (if applicable)	Used in First Year Health Start (if applicable)	Special Problems Encountered
SRS - MEDICAID								
Title XIX								
-EDPSDT (See below in Section C)								
-Reimbursement								
Title XI-Sect. 1115								
HSMHA								
Maternal & Child Health Services								
Crippled Childrens' Agencies								
Children & Youth Projects								
Migrant Health Service								
Projects for Dental Health of Children								
Maternity - Infant Care								
Indian Health Service								
Community Health Centers								

Resources	Who Negotiated	# of Meetings Held	# of Phone Calls	# of Days Spent in Effort	Technical - Assistance From,	Used in Head Start (if applicable)	Used in First Year Health Start (if applicable)	Special Problems Encountered
National Health Service Corps								
Community Mental Health Centers								
Childhood Lead Poisoning Control								
SOCIAL SERVICES								
LOCAL P.H. DEPT.								
HEAD START								
U.S. ARMED FORCES								
SPECIAL FOOD SERVICE PROGRAM FOR CHILDREN								
MODEL CITIES								
OEO-NEIGHBORHOOD HEALTH CENTERS								
FAMILY SERVICE ASSOCIATIONS								
OTHER STATE AGENCIES								
PRIVATE PHYSICIAN								
PRIVATE DENTIST								
HOSPITALS								

Resources	Who Negotiated	# of Meetings Held	# of Phone Calls	# of Days Spent in Effort	Technical Assistance From	Used in Head Start (if applicable)	Used in First Year Health Start (if applicable)	Special Problems Encountered
MEDICAL AND DENTAL SCHOOLS								
UNIVERSITIES AND COLLEGES								
PRIVATE FIRMS								
RELIGIOUS WELFARE ASSOCIATION								
LIONS, ELKS CLUBS								
ASSOC. FOR BLIND/ PREVENTION OF BLINDNESS								
TUBERCULOSIS ASSOCIATIONS								
OTHER VOLUNTARY ORGANIZATIONS								
OTHER ASSOC. FOR CHILDRENS' DISEASES								
LOCAL CLINICS (excluding above)								
OTHER								

C. TITLE XIX (MEDICAID) EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT AGREEMENTS (EPSDT)

1. Does your project have a written agreement with your State Title XIX agency to use the new EPSDT money? __________
(IF YES, GET A COPY FOR U.I. FILES.)

2. (IF THE PLANNING FORMAT INDICATES THAT NO ATTEMPTS WERE MADE TO GET AN AGREEMENT TO USE THE EPSDT) Why did you not attempt to get an agreement with your State agency to use the new Title XIX EPSDT money?

____
____
____

3. Did you ask your regional OCD office for assistance in negotiating with:

a. Regional SRS? __________
b. State Title XIX Agency? __________

4. Did you receive any help from your regional OCD office (even if you did not ask for assistance) in negotiating with:

a. Regional SRS? __________
b. State Title XIX Agency? __________

5. (IF ASSISTANCE WAS GIVEN BY THE REGIONAL OCD STAFF) What did the OCD regional office do? ______________________
____
____
____

6. Did you contact directly (without assistance from the OCD regional office):

a. the SRS Regional Office? __________
b. the State Title XIX Agency? __________

7. (IF YES TO EITHER 6a. or 6b.) Who did you talk to in:

a. the SRS Regional Office

Name ______________________________

Title ______________________________

b. the State Title XIX Agency

Name ______________________________

Title ______________________________

Name of Agency ______________________

8. (IF YES TO EITHER 6a. or 6b.) What were you told by:

a. The SRS Regional Office? ____________________

____

____

____

____

b. the State Title XIX Agency? ____________________

____

____

____

____

9. (IF NO AGREEMENT WAS REACHED WITH THE STATE AGENCY) Do you know why the State Agency did not make money available to your project? __________
(IF YES) Describe.

10. Do you know of any agencies in your community who received EPSDT money, e.g., Head Start, C&Y project, etc.? __________
(IF YES) Which agency/agencies? ____________________

____

NOTE: IF NO AGREEMENT WAS REACHED FOR USE OF EPSDT MONEY, DO NOT ASK REMAINING QUESTIONS IN THIS SECTION (C).

11. Did you inform the Medicaid-eligible parents of the existence of EPSDT? __________ How? ____________________

____

12. Were materials circulated to the Medicaid-eligible families to describe EPSDT? __________

a. (IF YES) Were they circulated:

________ with the monthly welfare check
________ by the Public Health Department case workers
________ at time of Health Start outreach
________ at time of enrollment in Health Start
________ other ____________________

13. Were the Medicaid-eligible parents told of the importance of preventative services? __________
(IF YES) Through written material? __________ Verbally? __________

14. Were you advised on what "periodic" meant (in the early periodic screening, diagnosis and treatment sequence)? __________

a. By whom? ____________________
b. How often were you told the child should be screened? _____
c. Did you communicate this information to the Medicaid-eligible parents? __________

15. What problems did you encounter in using EPSDT?

Problem	Description
meeting guideline requirements _____	______________________________ ______________________________
negotiating agreement _____	______________________________ ______________________________
finding providers _____	______________________________ ______________________________
other _____	______________________________ ______________________________
other _____	______________________________ ______________________________

PERSON INTERVIEWED: ________________

TITLE: ______________________________

IV. STAFF TRAINING

BE SURE TO INTERVIEW THE PERSON(S) WHO ATTENDED THE TRAINING SESSIONS.

A. OCD - GEORGETOWN UNIVERSITY TRAINING SESSION

1. Who attended the OCD headquarters-sponsored training session (in San Fransisco, Chicago or New York)?

Name ______________________________

Title ______________________________

Name ______________________________

Title ______________________________

2. In what way(s) were the training sessions of help to you?

a. What was not helpful? ____________________

b. What would you have liked to have been included as a part of the training? ______________________________

3. Did you change any of your planned activities/approaches because of the training? ________
(IF YES) Describe. ______________________________

4. Did you understand the purpose of the audio-tapes? ________

a. (IF YES) What was the purpose? ________________

b. How have you used your audio-tapes? ______________

c. Did you find that the audio-tapes were more helpful/ useful than written materials? ________ Why? ______________

less helpful/useful than written materials? ________ Why? ________

7. Were any agreements reached during the training session with your regional OCD office representative on the assistance he will provide to aid you in the coordination of resources? __________
(IF YES) What was the OCD regional office supposed to do? ______________
____
____

8. Were any other agreements (about your program) reached during the training sessions?

Agency	Agreement
Regional SRS	
State Medicaid Agency	
Regional MCH	
Regional Public Health Dental Service	
AAP	

B. OTHER STAFF TRAINING

1. Were any other training programs held for the Health Start staff? __________

IF THE ANSWER TO QUESTION 1 IS NO, END THIS SECTION IV AT THIS POINT.

2. (IF THERE WERE ANY OTHER TRAINING PROGRAMS), FILL IN THE INFORMATION on p. IV-3.

TRAINING PROGRAM

Conducted By (1)	Attended By (2)	Number of Sessions (3)	Hours Per Session (4)	Paid By (5)	Estimated Cost (6)	Content Areas Covered[1] (7)	Problems Encountered[2] (8)
1.							
2.							
3.							
4.							

[1] Use the following codes in column (7):

1 - resources in the community
2 - administering tests/screening
3 - outreach/recruitment techniques
4 - completion of forms
5 - general administration
6 - parent and community participation
7 - health education
8 - other (describe in column)

[2] Use the following codes in column (8):

a. scheduling
b. lack of expertise
c. lack of materials
d. lack of time
e. other (describe in column)

4. If Health Start continues for another year, would you recommend a similar type of training program sponsored by the national office? __________

(IF NO) What would you like to happen? ______________________________

____

____

____

____

____

PERSON INTERVIEWED: ______________

TITLE: ____________________

V. OUTREACH/RECRUITMENT/ENROLLMENT

A. OUTREACH (DEFINED AS THE PROCEDURE USED TO ALERT THE POTENTIAL PARTICIPANTS OF THE EXISTENCE OF THE HEALTH START PROGRAM).

1. Did you develop a procedure of informing the community of Health Start? ________
(IF YES) Did you announce it:

	How often?	What was said?
at community meetings?	______	______________
by passing out leaflets?	______	______________
on radio?	______	______________
through TV spots?	______	______________
through newspaper articles?	______	______________
through other type of advertising?	______	______________
other ______________	______	______________
______________	______	______________

2. When did the outreach begin? ______________

3. How lond did it last? ______________

4. Were any of the announcements/materials bi-lingual? ______

5. What, in your opinion was the most effective procedure you used in Outreach? ______________
Why? ______________

B. Recruitment

1. How were the children recruited for Health Start?

Technique	% of children (est.)
door-to-door	____
Head Start waiting lists	____
Head Start siblings	____
from lists supplied by local school system	____
from list from Public Health Department	____
from lists from Welfare Department	____
by signing up parents at meetings	____
parents sought project out	____
other ______________	____

2. **Who did the recruitment?**

Staff	Number of days spent
Health Coordinator	____
Health Start Aide	____
Health Start Aide	____
Health Start Aide	____
Head Start Aide	____
CAP Outreach Worker	____
Parents	____
Other volunteers (Describe __________ ______________________________)	____
Other ______________________________	____

3. Is the recruitment process finished? __________

a. (IF YES) How long did it take? __________

b. (IF YES) How many children did you enroll? __________

c. (IF NO) How many children have you enrolled? __________

d. (IF NO) How many more children do you intend to enroll? __________

e. (IF NO) When do you expect that you will complete the enrollment? ____________________

f. (IF NO) Is the reason why you are still enrolling because -

it was planned? __________
problems have developed? __________

4. What problems have you had in recruiting the children for Health Start?

families have moved __________
lists used out of date __________
overestimated the number of children in need __________
parents not interested __________
parents unavailable for enrollment __________
not enough __________
other ____
____

5. Did you change your original plans for recruitment in any way? __________
(IF YES) Describe what you planned and what you changed.

C. ENROLLMENT AND MEDICAL HISTORIES

1. Was the actual enrollment (filling out official forms, getting parents signatures) done:

a. at the same time that the child was recruited? __________
b. at a later time? __________
c. (IF LATER) When? __________

2. Did the same individuals who recruited also do the enrollment? __________

(IF NO) Describe the procedure that was used. ____________________________
____
____

3. What percent of the parents were present at the time of the enrollment? __________ %

4. Who took the medical histories?

Health Coordinator __________
Health Aides __________
Physician __________
Physician's Nurse __________
Other __________

5. **Was the medical history taken at the same time the child was enrolled in the program?** ________

a. (IF NO) When was the medical history taken? ________

b. Who took it? ______________________________

6. Were special forms used for the enrollment? ________
(IF YES GET COPY.)

a. Who developed it? ______________________________

b. Is it being used in any other program or agency? _____

c. (IF YES) Which program or agency? ________________
____

7. Who developed the forms used for this medical history?
____

a. Are they being used by any other program/agency? _____

b. (IF YES) Which ones? ______________________________
____

8. What percentage of the children recruited

urban __________%
rural __________%
Migrant __________%

Indian __________%
Black __________%
Spanish-Speaking __________%
Puerto Rican __________%
White __________%

PERSON INTERVIEWED: ______________

TITLE: ______________________

VI. HEALTH SERVICES

A. FILLING HEALTH CARE GAPS

1. Were any health care providers (physicians, dentists, screening teams, etc.) brought into the community on a temporary basis to provide service to the Health Start children? ________

(IF YES)

Who Provided Services?	Service Performed?	Distance Travelled?	Length of Stay?	No. of Children Served?

2. Were any children transported out of the community to receive some type of health care? ________

(IF YES)

Who Provided Services?	Service Performed?	Distance Travelled?	Length of Stay?	No. of Children Served?

B. HEALTH SCREENING AND DIAGNOSIS (We would like to know the following information about your screening and diagnostic processes:)

* Required in Program

		Session		Who Does It?		
		Group	Individual	Professionals (Private/Agencies) (Title)	Para-Professional	
Process	Where Held	Average Amount of Time for Process	Average Amount of Time for Process		(Previously Trained) (Title)	(Trained Through Health Start) (Title)
*Immunizations						
*Physical growth						
*Developmental assessment						
*Unclothed physical inspection						
*Ear, Nose, Mouth inspection						
*Vision testing						
*Hearing testing						
*Diagnosis						
*Blood tests						
*Nutritional status						
*Tuberculin tests						
*Urine tests						
Dental Screening						
Sickle Cell tests						
Lead poisoning screening						
Strep cultures						
Intestinal Parasite test						
Speech						

3. Who schedules the appointments for the screening sessions?

____

4. How are the parents informed of their child's appointments?

project telephones parent ________
card or note sent home with child ________
by mail ________
other (describe) ____________________
____

5. Who ensures that the child gets to scheduled appointments?

a. the project ________
b. the parents ________

6. Are priorities set as to who is screened first? ________

a. (IF YES) How are priorities determined? ____________
____

b. (IF NO) How are schedules determined? ____________
____

7. Are the parents required to be present for screening sessions?
____

8. What percentage of the parents attend the screening sessions?
________%

9. (IF NOT 100%) What are some of the reasons why parents do not attend screening sessions?

a. no babysitting arrangement ________%
b. no transportation ________%
c. parents work and are unable to attend sessions ________%
d. no interest ________%

10. Is babysitting provided by the project (if it is needed) so that parents can attend screening sessions? ________
(IF YES) For what percent of the parents? ________%

11. Is transportation for the screening provided by the project:

a. for parents? ________%
b. for children? ________%

C. TREATMENT AND REFERRAL PROCESSES

1. Who schedules appointments for follow-up treatment that is needed?

a. the person/agency that did the screening ________
b. the Health Start project ________

2. Who is responsible for the child keeping scheduled appointment?

   a. the parents __________
   b. the Health Start project __________

3. If resources for follow-up are limited, how are priorities set to determine which children who need treatment will be scheduled first?

   a. first come, first serve __________
   b. least expensive taken first __________
   c. those in greatest need treated first __________
   d. provide care up to a certain dollar amount per child __________
   e. other ____
   ____

4. If a child needs treatment and will not be treated by the same person/agency that did the screening who determines where the child will be referred?

   a. the person doing the screening __________
   b. the Health Start project __________

5. What types of problems have you had in obtaining health services?

   a. finding service providers to participate in the program __________
   b. finding service providers willing to take Medicaid patients __________
   c. scheduling appointments __________
   d. ensuring that appointments are kept __________
   e. retrieving data (for reporting) from providers __________
   f. negotiating for schedules __________
   g. providing transportation for children __________
   h. involving parents in the screening/treatment process __________
   i. not enough money __________
   j. other ____

6. What percent of appointments for screening and treatment would you estimate are missed? __________%

7. What happens if screening or follow-up appointments are missed?

____

____

____

8. (IF PARA-PROFESSIONALS DID ANY OF THE SCREENING) Are any of the children who are screening by para-professionals re-screened? _____ (IF YES)

a. By whom?________________________________

b. For which tests?__________________________

9. What is the average distance that the children have to travel or providers have to travel for -

a. Medical screening? __________

b. Dental screening? __________

c. Other (Specify) ____________________________

PERSON INTERVIEWED: ____________

TITLE: ____________

VII. HEALTH EDUCATION

A. GENERAL DESCRIPTION

1. Do you have a scheduled list of topics that are planned to be covered in a health instruction program:

   a. for parents? ________
   b. for children? ________

IF YES TO EITHER 1a. OR 1b., ASK TO SEE A COPY OF THE TOPICS TO BE COVERED.

2. (IF THERE IS NOT A LIST) What do you plan to do in the area of health education?
IF NOTHING IS PLANNED, PROBE TO SEE WHY.

3. Is there one person chiefly responsible for the health education component? ________
(IF YES) Who? (Name and Title) ____________
(IF NO) How is the health education component handled? ____________

4. Who designed (developed) the health education component?

5. (IF A FORMAL CURRICULUM IS BEING USED) What is it? ________

   a. Who designed it? ____________

   b. Are you supplementing the curriculum with your own health education activities? ________

   c. (IF YES) Describe. ____________

6. (IF THE PROJECT SERVES A SPANISH-SPEAKING POPULATION) Do you have access to bi-lingual health education materials? ________

   a. (IF YES) Who developed them? ____________

b. Are they for children? ________

c. Are they for adults? ________

d. What topics are covered for children? ______________

e. What topics are covered for parents? ______________

f. Are you using them in your Health Start program?

for parents ________
for children ________

g. Do they meet your needs? ________

(IF NO) Why not? ______________

B. HEALTH EDUCATION PROCESS

Process	When and Where Held	Sessions: Total Sessions Planned	Sessions: No. Planned Per Week	Sessions: No. Planned Per Month	Averages % Attendance	Instructors: (Private/Agencies Health Start) Professionals	Instructors: Previously Trained (Who)	Instructors: Trained Through Health Start (Who)	Topics Planned 1/: Parent	Topics Planned 1/: Child
Parent Health Education: Group										
Parent Health Education: One-to-One					☒					
Child Health Education: Group										
Child Health Education: One-to-One					☒					

C. CONSUMER HEALTH EDUCATION

1. Are parents told about what resources exist in the community? _____ (IF YES, ASK QUESTION 2.)
2. What are parents told about the existing health resources in the community? (FILL IN ON CHART BELOW.)

RESOURCE	ELIGIBILITY REQUIREMENTS	FEE? (AMOUNT)	TYPES OF SERVICE	WAITING LIST

1/ Code for Topics:
a. health services available
b. personal hygiene
c. oral hygiene (flossing and brushing)
d. nutrition
e. safety and accident prevention
f. emergency care
g. other (specify)

2. How did you determine what exists in your community? ____________________

____

____

3. Is there a directory that lists health resources in your community? ______ (IF YES, GET THE AGENCY THAT PREPARED IT, PRICE, ETC. SEE IF WE CAN GET A COPY BEFORE LEAVING PROJECT.)

Name of Directory ____

Available Through ____

Address ____

D. PROBLEMS ENCOUNTERED

1. What problems have you had in your parent health education?

a. poor attendance ______________

b. lack of resource materials ______________

c. lack of staff ______________

d. lack of expertise ______________

e. other ____

2. What problems have been encountered in the health education component for children?

a. poor attendance ______________

b. not enough materials ______________

c. lack of staff ______________

d. lack of expertise ______________

e. other ____

PERSON INTERVIEWED: ____________

TITLE: ____________________

VIII. PARENT PARTICIPATION

1. In what ways did the parents participate in the planning/ operation of the project?

Task	Estimated Number
Planning	________
Proposal writing	________
Review of proposal	________
Recruitment	________
Transportation	________
Health aides	________
Other ________	________
____________	________

2. Were parents formally invited to participate in the project? ________? (IF YES)

a. by whom (name and title) ____________________

b. when ____________________

c. how ____________________

PERSON INTERVIEWED: ____________

TITLE: ____________

IX. RECORD KEEPING

A. URBAN INSTITUTE RECORDS

1. Describe procedure used:

Report	Who Responsible	Frequency Kept	Problems Encountered
Quarterly Health Report	____________	________	____________
Planning Format	____________	________	____________
Expenditure Form	____________	________	____________

*(D)=Daily; (W)=Weekly; (M)=Monthly; (Q)=Quarterly; (O)=Other; (Specify)

____

2. Were the forms helpful in managing your program?

Quarterly Health Reports ________ (If yes) Describe.

____

Planning Format ________ (If yes) Describe. ________

____

Expenditure Form ________ (If yes) Describe. ________

____

3. Did any of the Urban Institute forms cause particular problems? (Specify which one(s)).

too time consuming ____________
difficult to retrieve data ____________
not useful for project use ____________
other ____________

____

4. Who keeps the books for the Health Start program?

____

PERSON INTERVIEWED: ________________

TITLE: ____________________________

B. BOOKKEEPING (TALK TO BOOKKEEPER)

1. Is the Health Start coordinator (director) kept informed of the expenditures to date? __________

a. (IF YES) How often are expenditure reports submitted to the Health Start director or coordinator? __________

b. (IF NOT) Do you alert the coordinator or director if they are about to exceed expenditures on a line item? __________

2. Does someone review the bills before they are paid? _______

a. (IF YES) Who? ____

b. Describe the process.

c. How long does it usually take from the time a bill arrives until it is paid? __________

3. Who authorizes payment of bills? (Name and Title)

____

4. Are bills paid one-at-a-time (as they are authorized) or is some other procedure used?

a. one-at-a-time __________

b. other ______________________________________

____

____

____

5. ASK TO SEE (a) THE LAST QUARTERLY HEALTH REPORT AND (b) SOME HEALTH START BILLS FOR HEALTH SERVICES. CHECK TO SEE IF:

- THE RECORDS ARE IN ORDER
- IF THE CHILDREN'S NAMES ON THE BILLS ARE ON THE QUARTERLY HEALTH REPORTS
- IF THE BILLS ARE ITEMIZED TO DETERMINE WHAT SPECIFICALLY WAS DONE FOR THE CHILD. **(THIS IS IMPORTANT BECAUSE IT WILL BE IMPOSSIBLE TO COMPLETE THE HEALTH START EXPENDITURE FORM WITHOUT A BREAKDOWN OF EXPENDITURES, E.G., MEDICAL SCREENING MUST BE SEPARATED FROM MEDICAL TREATMENT.)**

6. When did you get the OCD Health Start money? __________

7. What was the Federal share of the total budget? __________

8. (IF A REFUNDED PROJECT) Were any funds carried over from the first year grant? __________

a. (IF YES) How much? $__________

b. (IF YES) Is this included in the amount you quoted as the Federal share? __________

9. Was any money added to the headquarters grant by the region? __________

(IF YES) How much? $__________

IF QUESTIONS 6, 7, 8, 9 CANNOT BE ANSWERED BY THE BOOKKEEPER, ASK THE COORDINATOR OR CAP DIRECTOR, ETC.

GET A COPY OF THE OFFICIAL FINAL VERSION OF THE BUDGET FROM THE BOOKKEEPER OR COORDINATOR. DO NOT COME BACK WITHOUT IT. IF IT IS THE SAME AS THE XEROX COPY ATTACHED TO THE PROPOSAL INDICATE HERE.

__________ SAME AS XEROXED COPY

10. ASK THE BOOKKEEPER: Do you have a copy of the Health Start Expenditure Form? __________

a. (IF NO) Have you seen a copy? __________

b. IF THE BOOKKEEPER HAS NOT SEEN A COPY OF THE EXPENDITURE FORM, GIVE HIM (HER) YOUR COPY. EXPLAIN THAT THE EXPENDITURE DATA MUST BE REPORTED AS INDICATED ON THE FORM.

c. Will it be possible to report the Health Start grant expenditures as indicated on the Health Start expenditure form? (IF NO) Why?

PROBE TO SEE IF THE BOOKKEEPING SYSTEM CAN BE MODIFIED SO THAT WE CAN GET THE DATA.

11. (IF YES TO 6c.) **ASK THE BOOKKEEPER:** Did you have to modify your bookkeeping system to retrieve the data we need? ________
(IF YES) What was involved?

NOTE: IF THE BOOKKEEPER IS NOT COMPLETELY AWARE OF WHAT IS EXPECTED, RETURN TO THE COORDINATOR IMMEDIATELY AND FIND OUT WHY THE BOOKKEEPER WAS NOT INFORMED OF HIS/HER ROLE.

12. REASON STATED:

13. AFTER THE INTERVIEW IS OVER, ANSWER THE FOLLOWING QUESTIONS TO YOUR BEST ABILITY.

a. ARE THE HEALTH START RECORDS IN ORDER? ______________
IF NO, DESCRIBE THE PROBLEM(S).

b. IN YOUR OPINION, DO THE COORDINATOR AND THE BOOKKEEPER UNDERSTAND THE FORMS? ________
IF NO, WHAT ARE THE PROBLEMS?

PERSON INTERVIEWED: ______________

TITLE: ______________________

X. TECHNICAL ASSISTANCE NEEDS AND PROVIDERS

1. Have you asked for technical assistance from any outside source?
__________ (IF YES)

PROBLEM	HELP REQUESTED FROM[1]	RECEIVED	HELPFUL	HOW?
a. record keeping				
b. medical services				
c. dental services				
d. project administration				
e. parent participation				
f. health education				
g. coordination of resources				
h. political/personal difficulties				
i. staff training				
j. other				

2. Did you receive a copy of the Rainbow Series from the national office? __________

a. Do you have a copy of:

the Health Book? ______
the Dental Book? ______
the Nutrition Book? ______
the Parent Participation Book? ______

---

[1] Code:
1 - AAP
2 - Public Health Dental Consultant
3 - Regional Health Liaison Specialists
4 - Regional OCD
5 - Local Health Advisor
6 - Other

PERSON INTERVIEWED: ____________

TITLE: ____________

XI. FUTURE CARE ARRANGEMENTS

1. Did you interview the parents at any time in the program year to determine:

a. whether the family had access to health services before Health Start? medical? ________ dental? ________

b. (IF THEY HAD ACCESS) whether they preferred continuing with the health care arrangements they were using before Health Start or would like some other arrangements? ________

c. if they preferred the health service providers used in Health Start? medical? ________ dental? ________

d. if they have access to a third party payment system (e.g., Medicaid, insurance) ________

2. (IF THE RESPONSE TO ANY OF THE ABOVE IN QUESTION (1) WAS "NO") How will you determine:

a. where to send the health records after the program is over? ____________________

____

b. what future care arrangements exist/do not exist?

____

____

3. (IF THE RESPONSES TO QUESTION (1) WERE ALL "YES")

a. What percentage of the families had access to health care services? ________ %

b. What percentage of the parents preferred to use the health care arrangements they had previous to Health Start? ________ %

c. What percentage of the parents indicated that they would prefer another arrangement? ________ %

d. What percentage of the parents were preferred with the health care providers used in Health Start? ________ %

e. What percentage of the children have access to some health payment arrangement e.g., Medicaid, insurance, etc.? ________ %

f. What percentage of the children will have access to clinics, etc., where the fee schedule is set to match income levels? ________ %

4. Were the parents told where the child's health records will go after the program year is over? __________

a. How many different places will the records go? (List)

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
10. ______________________________

5. Were the health service providers used in Health Start asked if they would continue to serve the Health Start children or families? __________

a. (IF YES) What percentage of the children will be able to return to the same service providers used in Health Start (providing they have a way of paying for the services)?

Medical __________%
Dental __________%

6. (IF THE PROJECT IS SERVING A MIGRANT POPULATION) Where do the records go for the migrants? ______________________________________
____

a. To your knowledge will the migrant children in your program have access to any future care arrangement, e.g., clinic in home base area? __________

7. What problems have you had in insuring future care arrangements for the children in the program?

8. Were any strategies to overcome the problems mentioned successful?

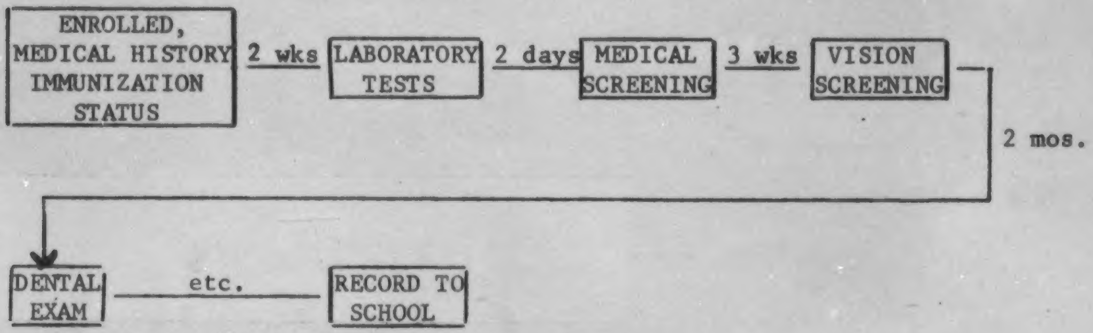
9. Who tells the parents about health problems that need continuing care? ______________________________________
____

PERSON INTERVIEWED: ____________________

TITLE: ________________________________

XII. OVERVIEW QUESTIONS FOR HEALTH COORDINATOR

1. BEGIN BY ASKING THE COORDINATOR TO HELP YOU CONSTRUCT A FLOW DIAGRAM OF AN INDIVIDUAL HEALTH START CHILD. HAVE HER TRACE ONE CHILD, E.G., JOHNNY JONES, THROUGH THE PROGRAM. DEVELOP THE DIAGRAM BY (1) SHOWING HOW MUCH HAPPENS IN ONE ENCOUNTER AND (2) HOW MUCH TIME LAPSES BETWEEN ENCOUNTERS. NOTE: INCLUDE ALL TESTS/SCREENINGS GIVEN. FOR EXAMPLE:



2. What percent of the children are processed in the way you described? __________

(IF NOT 100%) What happens to the other children? ______________________

(NOTE: IF NECESSARY DRAW ANOTHER FLOW CHART FOR AS MANY AS NECESSARY TO DESCRIBE WHAT PROCESSES ARE USED.)

MODEL #2 % Children ____________________

2a. Why is a different procedure used?

3. **Are there any local institutions, agencies, individual** health providers, community groups, etc., that have changed their operations as a result of Health Start proving need, etc.?

a. expanded services offered __________
b. expanded present services to accommodate more recipients __________
c. served Medicaid recipient (if not done previous to Health Start) __________
d. changed eligibility requirements for services (e.g., geographic boundaries) __________
e. other ____
____
____

4. Describe in detail what was done, what agencies were involved, the strategies used by the project, outside resources, technical assistance received, etc.

5. What, in your opinion, are the major strengths of your program (either in terms of components, approaches or accomplishments)?

6. Of the strengths you mentioned are there any which you think could be adopted for other child health programs or Head Start?

6.a. Are there any other aspects of your program that could be used in other child health programs or Head Start?

7. What, in your opinion, are the major weaknesses of your program?

8. What were the major problems you encountered in the program?

9. If Health Start is not continued (either nationally or in your community), will there be any lasting effects of the program (either as it affected the community or the families being served)?

BE SURE AND GET THE STAFF BACKGROUND SHEETS FROM THE COORDINATOR BEFORE YOU LEAVE. GO OVER THEM TO SEE IF THEY ARE UNDERSTANDABLE AND LEGIBLE.

10. Finally, you are called a health coordinator and the major goal of Health Start is coordination of health resources to provide services to children. What does coordination in Health Start mean to you?

NAME OF AGENCY: ____________________

PERSON INTERVIEWED: ________________

TITLE: _____________________________

XIII. AGENCY INTERVIEW (NON-COOPERATING)

A. GENERAL INFORMATION

1. Does this agency have any programs, services funds, or other resources available for children from 0-6? __________

a. Are any of these services or resources related to health? __________

2. How much money was budgeted this year for health services?

a. $ __________
b. Fiscal Year __________

3. How much of the total amount was budgeted for child health services?

a. $ __________
b. ages __________
c. (IF IT IS POSSIBLE TO ESTIMATE) amount for health services for children 0-6 $ __________

4. How many children are receiving health services annually through your agency?

a. age range __________
b. number __________

5. Of the number of children receiving health services, how many are 0-6? __________

6. What health services are being provided to the children through your program? ____

____

____

____

____

____

7. Within the present budget, could more children be given services than are presently being served? __________

a. How many? __________
b. For what services? ____________________________

____

8. Are there any non-health services you provide to children?

____

a. (IF YES) What are they? __________

b. How many of those you mentioned are offered to children 0-6? __________

9. Do you have eligibility requirements for participants in your program? __________

a. (IF YES) income criteria (describe) __________

b. geographic criteria __________

c. special groups in the population __________

d. other __________

10. How is one enrolled in your program? What procedure is used? __________

11. Were you (or was someone else in this agency) contacted by someone from the local Health Start Project about coordinating resources from your agency with the program? __________

a. (IF YES) Who? (Name and Title) __________

b. (IF HE/SHE DOESN'T KNOW) Who else in the agency might know whether a Health Start employee contacted you about use of your resources? (Name and Title) __________

12. (IF THE ANSWER TO QUESTION 11 WAS YES)

a. What did the Health Start representative ask of your agency? __________

b. What was the response from your agency to that request?

____

c. How many discussions did your agency have with someone from the Health Start program? __________

13. Would any of the following services that Health Start provides be useful to your agency? __________

a. Transportation for children to health care facilities __________
b. Screening of children for health problems __________
c. Health education __________
d. Outreach __________
e. Record keeping/administration __________
f. Coordination for follow-up treatment __________

14. (IF NO TO QUESTION 13) Why not?

15. (IF AN HEW AGENCY) Was your agency contacted by your regional office (SRS, HSMHA, etc.) about the Health Start program? _____ (IF YES) What were you told?

(IF HE/SHE DOES NOT KNOW)

a. Who in your agency would know? (Name and Title)

____

b. (IF YES) What type of contact was it?

phone call __________
letter __________
other __________

(GET COPY OF CORRESPONDENCE)

16. To your best knowledge, why was there no coordination between your agency and the local Health Start project?

17. What would a program, like Health Start, have to do to be able to use your resources? ______________________________
____
____
____
____

18. (IF HEW AGENCY) What would facilitate coordination of resources between your agency and Health Start or Head Start?

a. national action

b. regional action

c. other

NAME OF AGENCY: ____________________

PERSON INTERVIEWED: ________________

TITLE: ____________________________

XIII. AGENCY INTERVIEW (NON-COOPERATING)

A. GENERAL INFORMATION

1. Does this agency have any programs, services funds, or other resources available for children from 0-6? _________

a. Are any of these services or resources related to health? _________

2. How much money was budgeted this year for health services?

a. $ _________

b. Fiscal Year _________

3. How much of the total amount was budgeted for child health services?

a. $ _________

b. ages _________

c. (IF IT IS POSSIBLE TO ESTIMATE) amount for health services for children 0-6 $ _________

4. How many children are receiving health services annually through your agency?

a. age range _________

b. number _________

5. Of the number of children receiving health services, how many are 0-6? _________

6. What health services are being provided to the children through your program? ______________________________

7. Within the present budget, could more children be given services than are presently being served? _________

a. How many? _________

b. For what services? ______________________________

8. Are there any non-health services you provide to children?

____

a. (IF YES) What are they? ____________________

b. How many of those you mentioned are offered to children 0-6? ____________________

9. Do you have eligibility requirements for participants in your program? __________

a. (IF YES) income criteria (describe) ____________________

b. geographic criteria ____________________

c. special groups in the population ____________________

d. other ____________________

10. How is one enrolled in your program? What procedure is used? ____________________

11. Were you (or was someone else in this agency) contacted by someone from the local Health Start Project about coordinating resources from your agency with the program? __________

a. (IF YES) Who? (Name and Title) ____________________

b. (IF HE/SHE DOESN'T KNOW) Who else in the agency might know whether a Health Start employee contacted you about use of your resources? (Name and Title) ____________________

12. (IF THE ANSWER TO QUESTION 11 WAS YES)

a. What did the Health Start representative ask of your agency? ____________________

b. What was the response from your agency to that request?

____

c. How many discussions did your agency have with someone from the Health Start program? __________

13. Would any of the following services that Health Start provides be useful to your agency? __________

a. Transportation for children to health care facilities __________
b. Screening of children for health problems __________
c. Health education __________
d. Outreach __________
e. Record keeping/administration __________
f. Coordination for follow-up treatment __________

14. (IF NO TO QUESTION 13) Why not? ____________________________

____

____

____

15. (IF AN HEW AGENCY) Was your agency contacted by your regional office (SRS, HSMHA, etc.) about the Health Start program? _____ (IF YES) What were you told?

(IF HE/SHE DOES NOT KNOW)

a. Who in your agency would know? (Name and Title)

____

b. (IF YES) What type of contact was it?

phone call __________
letter __________
other __________

(GET COPY OF CORRESPONDENCE)

16. To your best knowledge, why was there no coordination between your agency and the local Health Start project? ______________

____

____

____

____

17. What would a program, like Health Start, have to do to be able to use your resources? ______________________________

____

____

____

____

18. (IF HEW AGENCY) What would facilitate coordination of resources between your agency and Health Start or Head Start?

a. national action ______________________________

b. regional action ______________________________

c. other ______________________________

NAME OF AGENCY: ____________________
PERSON INTERVIEWED: ________________
TITLE: ____________________________

XIII. AGENCY INTERVIEW (COOPERATING)

A. GENERAL INFORMATION

1. Does this agency have any programs, services funds, or other resources available for children from 0-6? __________

a. Are any of these services or resources related to health? __________

2. How much money was budgeted this year for health services?

a. $ __________
b. Fiscal Year __________

3. How much of the total amount was budgeted for child health services?

a. $ __________
b. ages __________
c. (IF IT IS POSSIBLE TO ESTIMATE) amount for health services for children 0-6 $ __________

4. How many children are receiving health services annually through your agency?

a. age range __________
b. number __________

5. Of the number of children receiving health services, how many are 0-6? __________

6. What health services are being provided to the children through your program? ____
____
____
____
____
____

7. Within the present budget, could more children be given services than are presently being served? __________

a. How many? __________
b. For what services? ____________________________________
____

8. Are there any non-health services you provide to children?
____

a. (IF YES) What are they? ______________________________

b. How many of those you mentioned are offered to children 0-6? ______________________________

9. Do you have eligibility requirements for participants in your program? __________

a. (IF YES) income criteria (describe) ______________________________

b. geographic criteria ______________________________

c. special groups in the population ______________________________

d. other ______________________________

10. How is one enrolled in your program? What procedure is used? ______________________________

11. Were you (or was someone else in this agency) contacted by someone from the local Health Start Project about coordinating resources from your agency with the program? __________

a. (IF YES) Who? (Name and Title) ______________________________

b. (IF HE/SHE DOESN'T KNOW) Who else in the agency might know whether a Health Start employee contacted you about use of your resources? (Name and Title) ______________________________

12. (IF THE ANSWER TO QUESTION 11 WAS YES)

a. What did the Health Start representative ask of your agency? ______________________________

b. What was the response from your agency to that request?

____

c. How many discussions did your agency have with someone from the Health Start program? __________

13. Would any of the following services that Health Start provides be useful to your agency? __________

a. Transportation for children to health care facilities __________
b. Screening of children for health problems __________
c. Health education __________
d. Outreach __________
e. Record keeping/administration __________
f. Coordination for follow-up treatment __________

14. (IF NO TO QUESTION 13) Why not?

15. (IF AN HEW AGENCY) Was your agency contacted by your regional office (SRS, HSMHA, etc.) about the Health Start program? _____ (IF YES) What were you told?

(IF HE/SHE DOES NOT KNOW)

a. Who in your agency would know? (Name and Title)

____

b. (IF YES) What type of contact was it?

phone call __________
letter __________
other __________

(GET COPY OF CORRESPONDENCE)

16. If Health Start children would not have received services from your agency, how would the resources they are using have been used?

17. Has working with the Health Start program aided the operation of your program in any way?

18. What problems have you encountered in working with either the Health Start program or Health Start children?

19. Do you think that your agency would be willing to cooperate with a Health Start program or a Head Start program in the future? ______

a. Why or why not?

20. (IF HEW AGENCY) Would anything facilitate coordination of resources between your agency and Health Start or Head Start?

a. national action ______________________________

b. regional action ______________________________

c. other ______________________________

NAME OF AGENCY: ____________________

PERSON INTERVIEWED: ________________

TITLE: ____________________________

XIII. AGENCY INTERVIEW (COOPERATING)

A. GENERAL INFORMATION

1. Does this agency have any programs, services funds, or other resources available for children from 0-6? __________

a. Are any of these services or resources related to health? __________

2. How much money was budgeted this year for health services?

a. $ __________
b. Fiscal Year __________

3. How much of the total amount was budgeted for child health services?

a. $ __________
b. ages __________
c. (IF IT IS POSSIBLE TO ESTIMATE) amount for health services for children 0-6 $ __________

4. How many children are receiving health services annually through your agency?

a. age range __________
b. number __________

5. Of the number of children receiving health services, how many are 0-6? __________

6. What health services are being provided to the children through your program? ______________________________
____
____
____
____
____

7. Within the present budget, could more children be given services than are presently being served? __________

a. How many? __________
b. For what services? ______________________________
____

8. Are there any non-health services you provide to children?

a. (IF YES) What are they?

b. How many of those you mentioned are offered to children 0-6?

9. Do you have eligibility requirements for participants in your program?

a. (IF YES) income criteria (describe)

b. geographic criteria

c. special groups in the population

d. other

10. How is one enrolled in your program? What procedure is used?

11. Were you (or was someone else in this agency) contacted by someone from the local Health Start Project about coordinating resources from your agency with the program?

a. (IF YES) Who? (Name and Title)

b. (IF HE/SHE DOESN'T KNOW) Who else in the agency might know whether a Health Start employee contacted you about use of your resources? (Name and Title)

12. (IF THE ANSWER TO QUESTION 11 WAS YES)

a. What did the Health Start representative ask of your agency?

b. What was the response from your agency to that request?

---

c. How many discussions did your agency have with someone from the Health Start program? __________

13. Would any of the following services that Health Start provides be useful to your agency? __________

a. Transportation for children to health care facilities __________
b. Screening of children for health problems __________
c. Health education __________
d. Outreach __________
e. Record keeping/administration __________
f. Coordination for follow-up treatment __________

14. (IF NO TO QUESTION 13) Why not?

15. (IF AN HEW AGENCY) Was your agency contacted by your regional office (SRS, HSMHA, etc.) about the Health Start program? _____ (IF YES) What were you told?

(IF HE/SHE DOES NOT KNOW)

a. Who in your agency would know? (Name and Title)

---

b. (IF YES) What type of contact was it?

phone call __________
letter __________
other __________

(GET COPY OF CORRESPONDENCE)

16. If Health Start children would not have received services from your agency, how would the resources they are using have been used?

17. Has working with the Health Start program aided the operation of your program in any way?

18. What problems have you encountered in working with either the Health Start program or Health Start children?

19. Do you think that your agency would be willing to cooperate with a Health Start program or a Head Start program in the future? ______

a. Why or why not?

20. (IF HEW AGENCY) Would anything facilitate coordination of resources between your agency and Health Start or Head Start?

a. national action ________________

b. regional action ________________

c. other ________________

HEAD START INTERVIEW:

P.XIV-1 - PLEASE NOTE THAT IF THE RESPONSE TO QUESTION 8 REVEALS THAT THE HEALTH COMPONENT FOR HEAD START IS THE SAME AS HEALTH START, YOU DO NOT NEED TO ASK MANY OF THE QUESTIONS THAT YOU KNOW THE ANSWERS TO.

ERRATTA:

P. XIV-1, INSTRUCTION 1: DELETE QUESTION 1, CHANGE TO:

How many Head Start staff members are there (paid and volunteer)?

____

a. Can people be identified as working primarily on the health component? __________

b. (IF YES) How many? __________

c. What positions do they hold?

P. XIV - 5 - OUTREACH

(ASK THE PERSON BEING INTERVIEWED:

1. Is it necessary to recruit children for Head Start?

2. Is there a Head Start waiting list?

IF THERE IS NO RECRUITMENT PROCESS, DO NOT ASK ANY QUESTIONS FOR SECTIONS A & B.

DELETIONS OR CHANGES

1. P. XIV-10, #f: CHANGE HEALTH START TO HEAD START.

2. P. XIV-23, #10: DELETE HEAD START

3. P. XIV-23, #12.a: DELETE "AT TIME OF HEALTH START OUTREACH" AND "AT TIME OF ENROLLEMTN IN HEALTH START."

4. P. XIV-25, A1: CHANGE HEALTH START TO HEAD START.

XIV. HEAD START INTERVIEW

Person Interviewed: ____________________

Title: ________________________________

I. GENERAL INFORMATION ON HEALTH COMPONENT

1. Is there a health component in your Head Start program? _____

2. How many children are enrolled in the program? __________ How many receive health services? __________%

3. /If there is no health component/ why not?

Who made the decision?

END THE INTERVIEW AT THIS POINT IF THERE IS NO HEALTH COMPONENT.

4. /If a health component/ What is the total Head Start budget (1971-72)? __________ Approximately what percentage of it was spent on health? __________%

5. Were you or anyone in Head Start asked to aid in the planning of Health Start? __________ Who? ____ Describe what Head Start staff did. ____
____
____

6. Were you (or anyone in the Head Start program) asked to train the Health Start staff? __________ (If yes) What was done?

7. Have you been asked to provide technical assistance to the Health Start project? __________ (If yes) What was asked? What was done?

8. Does your health component differ in any major or minor way from the approach taken in Health Start? __________ (If yes) Describe.

II. STAFFING: HEAD START

1. How many Head Start staff members are there (paid and voluntary)? ________ How many of them work on the health component? ________

2. ~~Is there~~ a health coordinator (or equivalent person)? ______ (If yes, ask for the following information about the coordinator.)

a. Education

Field ________________
Degree(s) ____________
From Where ___________
When _________________

b. Health Experience

Type	Yrs. of Experience
Public Health ____________	____
Pediatric ________________	____
Other (Describe) _________	____
__________________________	____
__________________________	____

c. Other Experience

Type	Yrs. of Experience
Administrative ___________	____
Teaching: Head Start _____	____
Other _____	____
Community Organization ___	____
Other ____________________	____
__________________________	____
__________________________	____

d. Staff Assignment

(1) full time? ________ part-time? ________%

(2) percent of time spent on health ________%
other ________%

(3) percent of time spent on various activities

%	Activity
______	________________
______	________________
______	________________
______	________________
______	________________
______	________________
______	________________
______	________________

3. Other Health Staff

What other Head Start staff members (either paid by Head Start or other arrangement) are working on the health component?

Title	% Time On Health	Health Related Job Assignments	From Community Being Served	Race/ Ethnic Group

III. STAFF TRAINING: HEAD START

Have you provided any staff training on health? _________ (IF YES, ASK FOR THE FOLLOWING INFORMATION.)

Conducted By (1)	Attended By (2)	Number of Sessions (3)	Hours Per Session (4)	Paid By (5)	Estimated Cost (6)	Content Areas Covered 1/ (7)	Problems Encountered 2/ (8)
1.							
2.							
3.							
4.							

1/ Use the following codes in column (7):

1 - resources in the community
2 - administering tests/screening
3 - outreach/recruitment techniques
4 - completion of forms
5 - general administration
6 - parent and community participation
7 - health education
8 - other (describe in column)

2/ Use the following codes in column (8):

a. scheduling
b. lack of expertise
c. lack of materials
d. lack of time
e. other (describe in column)

PERSON INTERVIEWED: ________________

TITLE: ______________________________

IV. OUTREACH/RECRUITMENT/ENROLLMENT

A. OUTREACH (DEFINED AS THE PROCEDURE USED TO ALERT THE POTENTIAL PARTICIPANTS OF THE EXISTENCE OF THE HEALTH START PROGRAM).

1. Did you develop a procedure of informing the community of Health Start? __________
(IF YES) Did you announce it:

	How often?	What was said?
at community meetings?	_________	___________________________
by passing out leaflets?	_________	___________________________
on radio?	_________	___________________________
through TV spots?	_________	___________________________
through newspaper articles?	_________	___________________________
through other type of advertising?	_________	___________________________
other ____________________	_________	___________________________
__________________________	_________	___________________________

2. When did the outreach begin? ______________________________

3. How lond did it last? ______________________________________

4. Were any of the announcements/materials bi-lingual? ________

5. What, in your opinion was the most effective procedure you used in Outreach? ____
Why?

B. Recruitment

1. How were the children recruited for Health Start?

Technique	% of children (est.)
door-to-door	_____
Head Start waiting lists	_____
Head Start siblings	_____
from lists supplied by local school system	_____
from list from Public Health Department	_____
from lists from Welfare Department	_____
by signing up parents at meetings	_____
parents sought project out	_____
other ______________________________	_____

2. Who did the recruitment?

Staff	Number of days spent
Health Coordinator	_____
Head Start Aide	_____
Head Start Aide	_____
Head Start Aide	_____
Head Start Aide	_____
CAP Outreach Worker	_____
Parents	_____
Other volunteers (Describe __________	_____
____)	_____
Other ______________________________	_____

3. Is the recruitment process finished? __________

a. (IF YES) How long did it take? __________

b. (IF YES) How many children did you enroll? __________

c. (IF NO) How many children have you enrolled? __________

d. (IF NO) How many more children do you intend to enroll? __________

e. (IF NO) When do you expect that you will complete the enrollment? ______________________

f. (IF NO) Is the reason why you are still enrolling because -

it was planned? __________
problems have developed? __________

4. What problems have you had in recruiting the children for Health Start?

families have moved __________
lists used out of date __________
overestimated the number of children in need __________
parents not interested __________
parents unavailable for enrollment __________
not enough __________
other ____
____

5. Did you change your original plans for recruitment in any way? __________
(IF YES) Describe what you planned and what you changed.

C. ENROLLMENT AND MEDICAL HISTORIES

1. Was the actual enrollment (filling out official forms, getting parents signatures) done:

a. at the same time that the child was recruited?__________
b. at a later time?__________
c. (IF LATER) When? __________

2. Did the same individuals who recruited also do the enrollment?
____
(IF NO) Describe the procedure that was used.

3. What percent of the parents were present at the time of the enrollment? __________ %

4. Who took the medical histories?

Health Coordinator __________
Health Aides __________
Physician __________
Physician's Nurse __________
Other __________

5. Was the medical history taken at the same time the child was enrolled in the program? __________

a. (IF NO) When was the medical history taken? ___________

b. Who took it? ______________________________________

6. Were special forms used for the enrollment? _________ (IF YES GET COPY.)

a. Who developed it? ______________________________

b. Is it being used in any other program or agency? _____

c. (IF YES) Which program or agency? ________________

____

7. Who developed the forms used for this medical history?

____

a. Are they being used by any other program/agency? ______

b. (IF YES) Which ones? ___________________________

____

8. What percentage of the children recruited

urban ___________%
rural ___________%
Migrant ___________%

Indian ___________%
Black ___________%
Spanish-Speaking ___________%
Puerto Rican ___________%
White ___________%

PERSON INTERVIEWED: ________________

TITLE: ______________________________

V. HEALTH EDUCATION

A. GENERAL DESCRIPTION

1. Do you have a scheduled list of topics that are planned to be covered in a health instruction program:

a. for parents? __________
b. for children? __________

IF YES TO EITHER 1a. OR 1b., ASK TO SEE A COPY OF THE TOPICS TO BE COVERED.

2. (IF THERE IS NOT A LIST) What do you plan to do in the area of health education?
IF NOTHING IS PLANNED, PROBE TO SEE WHY.

3. Is there one person chiefly responsible for the health education component? __________
(IF YES) Who? (Name and Title) ____

(IF NO) How is the health education component handled?

4. Who designed (developed) the health education component?

5. (IF A FORMAL CURRICULUM IS BEING USED) What is it? ________

a. Who designed it? ______________________________

b. Are you supplementing the curriculum with your own health education activities? __________

c. (IF YES) Describe.

6. (IF THE PROJECT SERVES A SPANISH-SPEAKING POPULATION) Do you have access to bi-lingual health education materials? ______________

a. (IF YES) Who developed them? __________________________

b. Are they for children? __________

c. Are they for adults? __________

d. What topics are covered for children? ________________

____
____
____
____

e. What topics are covered for parents? ________________

____
____
____
____

f. Are you using them in your Health Start program?

for parents __________
for children __________

g. Do they meet your needs? __________

(IF NO) Why not? ______________________________________

____
____

B. HEALTH EDUCATION PROCESS

		Sessions				Instructors			Topics Planned1/	
			No. Planned							
Process	When and Where Held	Total Sessions Planned	Per Week	Per Month	Averages % Attendance	(Private/Agencies Health Start) Professionals	Previously Trained (Who)	Trained Through Health Start (Who)	Parent	Child
Parent Health Education: Group										
Parent Health Education: One-to-One										
Child Health Education: Group										
Child Health Education: One-to-One										

C. CONSUMER HEALTH EDUCATION

1. Are parents told about what resources exist in the community? ______ (IF YES, ASK QUESTION 2.)

2. What are parents told about the existing health resources in the community? (FILL IN ON CHART BELOW.)

RESOURCE	ELIGIBILITY REQUIREMENTS	FEE? (AMOUNT)	TYPES OF SERVICE	WAITING LIST

1/ Code for Topics:
- a. health services available
- b. personal hygiene
- c. oral hygiene (flossing and brushing)
- d. nutrition
- e. safety and accident prevention
- f. emergency care
- g. other (specify) ______

2. How did you determine what exists in your community? ____________________

____

____

3. Is there a directory that lists health resources in your community? ______ (IF YES, GET THE AGENCY THAT PREPARED IT, PRICE, ETC. SEE IF WE CAN GET A COPY BEFORE LEAVING PROJECT.)

Name of Directory ____

Available Through ____

Address ____

D. PROBLEMS ENCOUNTERED

1. What problems have you had in your parent health education?

a. poor attendance ______________

b. lack of resource materials ______________

c. lack of staff ______________

d. lack of expertise ______________

e. other ____

2. What problems have been encountered in the health education component for children?

a. poor attendance ______________

b. not enough materials ______________

c. lack of staff ______________

d. lack of expertise ______________

e. other ____

VI. COORDINATION OF RESOURCES: HEAD START

A. USE THE PLANNING FORMAT AS A GUIDE TO THIS SECTION. THIS PART OF INTERVIEW IS INCLUDED TO DETERMINE WHETHER THE SAME/DIFFERENT RESOURCES ARE BEING USED IN HEAD AND HEALTH START. GO OVER EACH RESOURCE LISTED AND FILL IN THE INFORMATION ON EACH RESOURCE LISTED.

Health Start Project ________________

PLANNING FORMAT

(Coordination of Funding, Service and Technical Assistance Resources)

Potential Resources Available	RESOURCES NOT USED													RESOURCES USED										
	(1)				(2)			(3)						(4)										
	Not Available				Available But Not Contacted			Contacted, but no Agreement Reached						Agreement Reached: Specify Arrangements Made										
														Funding			Services					Technical Assistance		
	Ineligible	Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	$ Amount Per Child (if applicable)	Total $ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	$ Amount per Service Unit	$ Amount Per Child (if applicable)	$ Amount per Service Unit (if applicable)	$ Amount per Child (if applicable)	Type (Describe Briefly)
SRS-MEDICAID Title XIX																								
-Early Periodic Screening, Diagnosis & Treatment (EPSDT)																								
-Reimbursement for Treatment (does not have to be neglected)																								
-Sec. 1115 Demonstration Money																								
HSMHA MATERNAL & CHILD HEALTH SERVICES																								
Crippled Childrens' Agencies																								
Children & Youth Projects																								
Migrant Health Service																								
Projects for Dental Health of Children																								
Maternity & Infant Care																								

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Health Start Project ____________

PLANNING FORMAT

(Coordination of Funding,
Service and Technical Assistance Resources)

Potential Resources Available	RESOURCES NOT USED													RESOURCES USED										
	(1) Not Available				(2) Available But Not Contacted			(3) Contacted, but no Agreement Reached						(4) Agreement Reached: Specify Arrangements Made										
														Funding			Services					Technical Assistance		
	Ineligible	Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	$ Amount Per Child (if applicable)	Total $ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	$ Amount per Service Unit	$ Amount per Child (if applicable)	$ Amount per Service Unit (if applicable)	$ Amount per Child (if applicable)	Type (Describe Briefly)
INDIAN HEALTH SERVICE																								
COMMUNITY HEALTH CENTERS																								
NATIONAL HEALTH SERVICE CORPS																								
COMMUNITY MENTAL HEALTH CENTERS																								
CHILDHOOD LEAD POISONING CONTROL																								
SOCIAL SERVICES Title IV - A & B																								
STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS																								
U.S. ARMED FORCES																								
SPECIAL FOOD SERVICES PROGRAM FOR CHILDREN																								
MODEL CITIES																								
OEO-NEIGHBORHOOD HEALTH CENTERS																								
FAMILY SERVICES ASSOCIATIONS																								

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Health Start Project ______________________

PLANNING FORMAT

(Coordination of Funding,
Service and Technical Assistance Resources)

Potential Resources Available	RESOURCES NOT USED													RESOURCES USED (4)										
	(1) Not Available				(2) Available But Not Contacted			(3) Contacted, but no Agreement Reached						Agreement Reached: Specify Arrangements Made										
														Funding			Services					Technical Assistance		
	Ineligible	Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	$ Amount Per Child (if applicable)	Total $ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	$ Amount per Service Unit	$ Amount per Child (if applicable)	$ Amount per Service Unit (if applicable)	$ Amount per Child (if applicable)	Type (Describe Briefly)
OTHER STATE AGENCIES																								
PRIVATE HEALTH CARE PRACTITIONERS																								
PUBLIC AND PRIVATE HOSPITALS																								
MEDICAL AND DENTAL SCHOOLS																								
UNIVERSITIES AND COLLEGES																								
PRIVATE FIRMS																								
HEAD START																								
RELIGIOUS WELFARE ASSOCIATIONS																								
LIONS AND ELKS CLUBS																								
ASSOCIATION FOR BLIND AND PREVENTION OF BLINDNESS																								
TUBERCULOSIS ASSOCIATIONS																								
OTHER VOLUNTARY ORGANIZATIONS																								

XIV-17

Health Start Project ______________

PLANNING FORMAT

(Coordination of Funding,
Service and Technical Assistance Resources)

	RESOURCES NOT USED													RESOURCES USED										
	(1) Not Available				(2) Available But Not Contacted			(3) Contacted, but no Agreement Reached						(4) Agreement Reached: Specify Arrangements Made										
														Funding			Services					Technical Assistance		
Potential Resources Available	Ineligible	Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	$ Amount Per Child (if applicable)	Total $ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	$ Amount per Service Unit	$ Amount per Child (if applicable)	$ Amount per Service Unit (if applicable)	$ Amount per Child (if applicable)	Type (Describe Briefly)
OTHER ASSOCIATIONS FOR CHILDREN'S DISEASES																								
LOCAL CLINICS (excluding above)																								
OTHER																								

C. TITLE XIX (MEDICAID) EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT AGREEMENTS (EPSDT)

1. Does your project have a written agreement with your State Title XIX agency to use the new EPSDT money? __________
(IF YES, GET A COPY FOR U.I. FILES.)

2. (IF THE PLANNING FORMAT INDICATES THAT NO ATTEMPTS WERE MADE TO GET AN AGREEMENT TO USE THE EPSDT) Why did you not attempt to get an agreement with your State agency to use the new Title XIX EPSDT money?

3. Did you ask your regional OCD office for assistance in negotiating with:

a. Regional SRS? __________
b. State Title XIX Agency? __________

4. Did you receive any help from your regional OCD office (even if you did not ask for assistance) in negotiating with:

a. Regional SRS? __________
b. State Title XIX Agency? __________

5. (IF ASSISTANCE WAS GIVEN BY THE REGIONAL OCD STAFF) What did the OCD regional office do?

6. Did you contact directly (without assistance from the OCD regional office):

a. the SRS Regional Office? __________
b. the State Title XIX Agency? __________

7. (IF YES TO EITHER 6a. or 6b.) Who did you talk to in:

a. the SRS Regional Office

Name ______________________________

Title ______________________________

b. the State Title XIX Agency

Name ______________________________

Title ______________________________

Name of Agency ______________________________

8. (IF YES TO EITHER 6a. or 6b.) What were you told by:

a. The SRS Regional Office?

b. the State Title XIX Agency? ____

9. (IF NO AGREEMENT WAS REACHED WITH THE STATE AGENCY) Do you know why the State Agency did not make money available to your project? __________
(IF YES) Describe.

10. Do you know of any agencies in your community who received EPSDT money, e.g., Head Start, C&Y project, etc.? __________
(IF YES) Which agency/agencies? ____
____

NOTE: IF NO AGREEMENT WAS REACHED FOR USE OF EPSDT MONEY, DO NOT ASK REMAINING QUESTIONS IN THIS SECTION (C).

11. Did you inform the Medicaid-eligible parents of the existence of EPSDT? __________ How? ____
____

12. Were materials circulated to the Medicaid-eligible families to describe EPSDT? __________

a. (IF YES) Were they circulated:

________ with the monthly welfare check
________ by the Public Health Department case workers
________ at time of Health Start outreach
________ at time of enrollment in Health Start
________ other ________________________________

13. Were the Medicaid-eligible parents told of the importance of preventative services? __________
(IF YES) Through written material? __________ Verbally? __________

14. Were you advised on what "periodic" meant (in the early periodic screening, diagnosis and treatment sequence)? __________

a. By whom? ____
b. How often were you told the child should be screened? _____
c. Did you communicate this information to the Medicaid-eligible parents? __________

15. What problems did you encounter in using EPSDT?

Problem	Description
meeting guideline requirements _____	____________________ ____________________
negotiating agreement _____	____________________ ____________________
finding providers _____	____________________ ____________________
other _____	____________________ ____________________
other _____	____________________ ____________________

PERSON INTERVIEWED: ____________________

TITLE: ____________________________________

VI. HEALTH SERVICES

A. FILLING HEALTH CARE GAPS

1. Were any health care providers (physicians, dentists, screening teams, etc.) brought into the community on a temporary basis to provide service to the Health Start children? __________

(IF YES)

Who Provided Services?	Service Performed?	Distance Travelled?	Length of Stay?	No. of Children Served?

2. Were any children transported out of the community to receive some type of health care? __________

(IF YES)

Who Provided Services?	Service Performed?	Distance Travelled?	Length of Stay?	No. of Children Served?

B. HEALTH SCREENING AND DIAGNOSIS (We would like to know the following information about your screening and diagnostic processes:)

* Required in Program

Process	Where Held	Session		Who Does It?		
		Group	Individual	Professionals	Para-Professional	
		Average Amount of Time for Process	Average Amount of Time for Process	(Private/Agencies) (Title)	(Previously Trained) (Title)	(Trained Through Health Start) (Title)
*Immunizations						
*Physical growth						
*Developmental assessment						
*Unclothed physical inspection						
*Ear, Nose, Mouth inspection						
*Vision testing						
*Hearing testing						
*Diagnosis						
*Blood tests						
*Nutritional status						
*Tuberculin tests						
*Urine tests						
Dental Screening						
Sickle Cell tests						
Lead poisoning screening						
Strep cultures						
Intestinal Parasite test						
Speech						

3. Who schedules the appointments for the screening sessions?
____

4. How are the parents informed of their child's appointments?

project telephones parent __________
card or note sent home with child __________
by mail __________
other (describe) ____________________
____

5. Who ensures that the child gets to scheduled appointments?

a. the project __________
b. the parents __________

6. Are priorities set as to who is screened first? __________

a. (IF YES) How are priorities determined? _______________
____
____

b. (IF NO) How are schedules determined? _______________
____
____

7. Are the parents required to be present for screening sessions?
____

8. What percentage of the parents attend the screening sessions?
__________%

9. (IF NOT 100%) What are some of the reasons why parents do not attend screening sessions?

a. no babysitting arrangement __________%
b. no transportation __________%
c. parents work and are unable to attend sessions __________%
d. no interest __________%

10. Is babysitting provided by the project (if it is needed) so that parents can attend screening sessions? __________
(IF YES) For what percent of the parents? __________%

11. Is transportation for the screening provided by the project:

a. for parents? __________%
b. for children? __________%

C. TREATMENT AND REFERRAL PROCESSES

1. Who schedules appointments for follow-up treatment that is needed?

a. the person/agency that did the screening __________
b. the Head Start project __________

2. Who is responsible for the child keeping scheduled appointment?

a. the parents __________
b. the Head Start project __________

3. If resources for follow-up are limited, how are priorities set to determine which children who need treatment will be scheduled first?

a. first come, first serve __________
b. least expensive taken first __________
c. those in greatest need treated first __________
d. provide care up to a certain dollar amount per child __________
e. other ____
____

4. If a child needs treatment and will not be treated by the same person/agency that did the screening who determines where the child will be referred?

a. the person doing the screening __________
b. the Head Start project __________

5. What types of problems have you had in the provision of health services?

a. finding service providers to participate in the program __________
b. finding service providers willing to take Medicaid patients __________
c. scheduling appointments __________
d. ensuring that appointments are kept __________
e. retrieving data (for reporting) from providers __________
f. negotiating for schedules __________
g. providing transportation for children __________
h. involving parents in the screening/treatment process __________
i. other ____
____

XIV-25 PERSON INTERVIEWED: ________________

TITLE: ____________________________

VII. PARENT PARTICIPATION

1. In what ways did the parents participate in the planning/operation of the project?

Task	Estimated Number
Planning	____________
Proposal writing	____________
Review of proposal	____________
Recruitment	____________
Transportation	____________
Health aides	____________
Other ____________	____________
________________	____________

2. Were parents formally invited to participate in the project? ________? (IF YES)

a. by whom (name and title) ____________________

____

b. when ______________________________________

c. how _______________________________________

____

____

PERSON INTERVIEWED: ____________________

TITLE: ______________________________

VIII. TECHNICAL ASSISTANCE NEEDS AND PROVIDERS

Have you asked for technical assistance from any outside source?

__________ IF YES

PROBLEM	HELP REQUESTED FROM[1/]	RECEIVED	HELPFUL	HOW?
a. record keeping				
b. medical services				
c. dental services				
d. project administration				
e. parent participation				
f. health education				
g. coordination of resources				
h. political/personal difficulties				
i. staff training				
j. other				

[1/] Code:
1 - AAP
2 - Public Health Dental Consultant
3 - Regional Health Liason Specialists
4 - Regional OCD
5 - Local Health Advisor
6 - Other

IX. RECORD TRANSMITTAL

Where are the health records sent when the children leave Head Start? ______________________________.

____

____

____

XI. OVERVIEW QUESTIONS FOR HEALTH COORDINATOR: HEAD START

1. Are there any local institutions, agencies, individual health providers, community groups, etc., that have changed their operations as a result of Head Start proving need, etc.?

__________ expanded services offered
__________ expanded present services to accommodate more recipients
__________ served Medicaid recipient (if not done previous to Health Start)
__________ changed eligibility requirements for services (e.g., geographic boundaries)
__________ other ____

2. Describe in detail what was done, what agencies were involved, the strategies used by the project, outside resources, technical assistance received, etc.

U.I. Staff: ____________________

XV. DESCRIPTIVE SUMMARY OF PROJECT

(TO BE COMPLETED BY EACH INTERVIEWER AFTER ALL INTERVIEWS COMPLETE. PLEASE GIVE THIS SOME THOUGHT. REFERENCE SECTIONS OF EARLIER SECTIONS IF NECESSARY.)

1. What in your opinion, are the strengths of the program?

2. What, in your opinion, are the weaknesses?

3. How would you describe this program? (THINK IN TERMS OF MATERIAL FOR THE VIGNETTES.)

4. Were any interesting approaches taken that would be worthy of replicating in another program?

URBAN INSTITUTE

WASHINGTON, D. C.

MEMORANDUM

TO: Jim Kennelly

FROM: Leona Vogt

DATE:

SUBJECT: Summary of Health Start Monitoring Visit

Project ______________________________

Dates of U.I. Monitoring Visit ______________________________

U.I. Monitoring Team ______________________________

1. Is the project complying with the guideline requirements and the grant conditions? ________ (If no) Describe deviations or omissions.

____

____

____

2. Are there any major weaknesses in the project? Describe.

________ Management ______________________________

____

____

________ Staff ______________________________

____

____

________ Budgeting ______________________________

____

____

________ Community Relations ______________________________

____

____

________ Behind Schedule ______________________________

________ Other ______________________________

____

____

3. Is technical assistance needed? ________

Suggested Source	Area of Need
AAP Consultant	________
Regional Office	________
National Office	________
Dental Consultant	________
Other ________	________
________	________
________	________

APPENDIX C

Quarterly Health Reporting Format

HEALTH START CENTER ______________________
(if more than one site)

HEALTH STAR

HEALTH COORDINATOR

REPORTING PERIOD

TESTS/SCREENING/TREATMENT

CIRCLE IMMUNIZATIONS TO BE GIVEN IN PROGRAM:

D.P.T. Rubella
Polio Mumps
Measles Smallpox

DO NOT FILL IN				NAME OF CHILD	Source of Recruitment	Date Enrolled		Date of Birth		Sex (M , F)	Race/Minority	Migrant	Medicaid Eligibility	Prev. Care		Height	Weight	Immunizations	Blood Tests						Tuberculin			Urinalysis			Vision			Hearing			Speech			Other						
						Month	Day	Month	Year					Dental	Medical				Hemoglobin			Hematocrit																								
					51 a	53 a	55 a	57 a	59 a	61 a	62 a	63 a	64 a	65 a	66 a	67 a	71 a	74 a	10 b	11 b	14 b	15 b	16 b	18 b	19 b	20 b	21 b	22 b	23 b	24 b	25 b	26 b	27 b	28 b	29 b	30 b	31 b	32 b	33 b	34 b	35 b	36 b	37 b	38 b	39 b	40 b

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RT PROGRAM

OD

July 31 Pages ____ Oct. 31 Pages ____ Jan. 31 Pages ____ Apr. 30 Pages ____

40 b 41 b 42 b	Dental	
43 b 44 b 45 b	Medical	
46 b	# Extractions	Dental Treatment
48 b	# Caries Repaired	
50 b	Pulp Restoration	
51 b 52 b 53 b	Medical Condition	
54 b	Severity of Condition	
55 b	Screening	Dental Encounters
57 b	# Treatment Providers	
59 b	Screening	Medical Encounters
61 b	# Treatment Providers	
63 b	Child	Health Education Encounters
65 b	Parent	
67 b	Month	Date Screening and Treatment Completed
69 b	Day	
71 b	Month	Date Terminated
73 b	Day	
75 b	Record Transmittal	
76 b	Funds	Dental — Future Care
77 b	Services	
78 b	Funds	Medical — Future Care
79 b	Services	

REMARKS

PAGE ____

U.I. - 6/72

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NOTE: These reports are cumulative and data should be added as services/treatment are given. Attached to each control sheet are five (5) copies (no carbon required). Please fill in information with firm pencil or ball point pen to ensure that all copies will be readable. For each reporting period, detach the appropriate perforated copy of each sheet used and mail to:

Ms. Leona M. Vogt
c/o The Urban Institute
2100 M Street, N.W.
Washington, D.C. 20037

Heading

Enter name of **Health Start Project.**

Enter name of **Health Start Center** (if there is more than one site).

Enter name of **Health Coordinator**. If the coordinator changes from one reporting period to another (due to resignation, for example), make that change on the copy for the appropriate reporting period.

Enter **page** number.

Circle appropriate **reporting period** and indicate number of pages submitted at each reporting period.

Circle immunizations to be given in program. (Required immunizations are specified in the Head Start Rainbow Series.)

Columns

Enter **name of child** enrolled in Health Start (last name first). Do **not** erase or cross out name if child drops from program.

51a **SOURCE OF RECRUITMENT**. Indicate with:
(WL) if child was on waiting list for Head Start
(SB) if child is sibling of a Head Start child
(DR) if enrolled through door to door recruitment
(AF) if child's name came from AFDC list
(SS) if child was recruited through the local school system
(HD) if child was referred by the local public health department
(XX) other (indicate in remarks column)

53a-55a **DATE ENROLLED**: Enter month and day.

57a-59a **DATE OF BIRTH**: Enter month and year.

61a **SEX**: Indicate with (M) or (F).

62a **RACE/MINORITY GROUP**. Use appropriate code or codes:
B = Black
I = Indian
M = Mexican-American
P = Puerto Rican
W = White
X = Other

63a **MIGRANT**. Indicate with:
(Y) if child is a migrant
(N) if child is not a migrant
(Z) if unknown

64a **MEDICAID ELIGIBILITY**. Indicate with:
(Y) if child was enrolled in the Medicaid program **before** Health Start (if family has Medicaid card)
(E) if child is eligible for Medicaid and **not** enrolled
(E) if child was enrolled **during** the Health Start program (received Medicaid card)
(N) if not eligible
(Z) if unknown

PREVIOUS CARE. (Refers to health care before Health Start year.)

65a **DENTAL**. Indicate with:
(Y) if child has received dental care within past 12 months
(0) if no dental care within past 12 months
(A) if child is considered too young for dental care at time of screening (usually 36 months)
(Z) if unknown

66a **MEDICAL**. Indicate with:
(C) if child has received crisis care within past 12 months
(P) if child has received preventive care in past 12 months (excluding immunizations)
(0) if no care within past 12 months
(Z) if unknown

67a **HEIGHT**. Enter in inches and quarter inches (example 36¾).

71a **WEIGHT**. Enter in pounds. (Round ounces to nearest pound.)

74a **IMMUNIZATIONS.**

Indicate status of immunizations (as planned for your project).
(Y) if child's immunizations were up-to-date upon enrolling in Health Start program
(N) if immunizations are incomplete or unknown at reporting period
(N) if the immunizations are brought up to date during the Health Start year

Immunizations completed are defined as follows:
a. D.P.T.—at least three doses of D.P.T. (diphtheria, pertussia, tetanus) vaccine, the most recent within the past 2 years.
b. Polio—at least 2 doses of trivalent oral polio vaccine or 3 doses of monovalent oral polio vaccine plus 1 dose of trivalent vaccine.
c. Measles, Rubella, Mumps—1 dose of each vaccine; may be combined in a single injection; naturally occurring measles, mumps also give "complete" immunization.
d. Smallpox—1 smallpox vaccination in the past 2 years.

10b-45b **TESTS, SCREENING AND TREATMENT.**

10b-18b Blood Tests: Use following codes for test(s) being administered. If both blood tests are administered use columns 10b-18b.
☐1☐☐ Box 1 use code for Box 1 below.
☐2☐ Box 2 Hemoglobin, enter in grams/100 ml (col 11b)
Hematocrit, enter in percent volume. (col 16b)
☐☐3 Box 3 use code for Box 3 below.

19b-45b All other tests, screening and treatment.
☐1☐☐ Box 1: When test/screening is given, enter:
K = if child nee
T = if treatmen by the sa ministered
R = if treatmen by a differe istered test/
X = if the child problem fou

☐2☐ Box 2: Enter:
B = when the t not been co

☐☐3 Box 3: Enter:
Y = when treatm no further r
C = when treatm which canno Health Start

31b-40b **Special instructions:**

SPEECH: not required (31b-33b)
"Other": Enter code for name (34b-39b)

Code **Test**
GD = G_6PD
IP = Intestinal Parasites
LP = Lead Poisoning

Dental: Use this column for sc treatment and diagnosis (40b). considered too young for Dent usually 36 months. If not too y above.

46b-50b **DENTAL TREATMENT. Do not co treatment completed.**

Enter number of teeth extracted; (4

Enter number of dental caries res

Pulp restoration, etc. Use this co ment, e.g., number of caps. (ident none (50b).

51b-53b **MEDICAL CONDITION:**

After diagnosis is complete, enter condition(s).

Specific Medical Problem. Specify a

AS = Asthma
BE = Behavior/Emotional
CD = Communicable Disease
CN = Convulsive Disorder (seizure, epilepsy)
EA = Diseases or Infections of the Ear
EN = Enuresis (bed wetting)

d needs no further treatment (OK)

tment is needed and will be given
same individual/agency who ad-
ered test/screening

tment is needed and will be given
ifferent person/agency than admin-
test/screening (Referral)

child is **already** under treatment for
m found

the treatment has begun but has
en completed

treatment has been completed and
her remedial action is required

reatment has begun for a condition
cannot be correctable within the
Start year (e.g., chronic condition)

-33b)
name of tests at top of column.

Code **Test**
PS = Psychological Screening
SC = Sickle Cell
ST = Strep Culture

for screening, prophylaxis, fluoride
(40b). Indicate with (A) if child is
Dental Care **at time of screening.**
too young use codes as in box 1

---

t complete this section until all

ted; (46b).

es restored; Ø if none (48b).

his column for other dental treat-
(identify in remarks column); Ø if

enter code(s) of specific medical

ecify as:

EY = Eye Disorder (including strabismus)
GI = Gastro Intestinal Disorders/Diseases
GU = Genito Urinary Disorders/Diseases
HD = Heart Disease
HF = Hay Fever
HM = Heart Murmur (requiring specialist consultation)
HR = Hernia (including umbilical, inguinal or femoral)
HT = Hematological Disorders (in blood-forming organs)
LD = Learning Disability
ME = Metabolic Disorder
MR = Mental Retardation
MS = Muscular-Skeletal (includes orthopedic)
NE = Neurological Disorder/Dysfunction
NT = Nose, Throat Disorders/Diseases (includes tonsils, adenoids)
NU = Nutritional Deficiency
RS = Chronic Respiratory Diseases (sinusitis, bronchitis)
SK = Skin Disorders
UR = Acute Upper Respiratory Diseases (lasting less than 3 months)
OT = Other (specify in remarks column)

54b **SEVERITY OF CONDITION(S). Complete when all treatment is finished.** Enter code for most serious condition found.

S = likely to interfere with future health or performance if not treated (severe)
M = unlikely to interfere with future health or performance if not treated (mild)
Ø = if none

55b-57b **DENTAL HEALTH ENCOUNTERS.**

Screening: Tally the number of **occasions** child was involved in screening sessions (55b).

Treatment: Tally number of **different individuals/agencies** to which the child was referred for treatment (57b).

59b-61b **MEDICAL HEALTH ENCOUNTERS.**

Screening: Tally the number of times child was involved in screening sessions (either at Health Start site or in doctors offices, clinics, hospitals, etc.) (59b).

Treatment: Tally the number of **different individuals/agencies** to which the child was referred for treatment (61b).

63b-65b **HEALTH EDUCATION ENCOUNTERS.**

Tally number of one-to-one health education sessions attended by child (column **63b**) and parents (column **65b**).

Note: The inserted boxes in columns 55b to 65b should not be filled in until the end of the fourth reporting period. At that time enter total number of tallies.

67b-69b **ALL SCREENING AND TREATMENT COMPLETED.** Enter date all immunizations, required tests, screening and required treatment are completed for the child.

71b-73b **DATE TERMINATED.** Enter month and day the child leaves the program.

75b **RECORD TRANSMITTAL.** Indicate where the child's records were sent at the end of the Health Start program. If records were sent to more than one place enter one in col. 75b; others in remarks column.

(S) local school system
(H) local public health department
(C) clinic
(X) other (indicate in remarks column)
(Z) unknown

76b-79b **FUTURE CARE.**

DENTAL—Indicate whether funds and/or services will be available for future health needs of the child (76b-77b).

76b **FUNDS.** In column 76b, enter:

(M) if child enrolled in the Medicaid program (and State Medicaid plan covers dental work for ages 0-6)
(I) insurance
(X) other (indicate source of funds/service in remarks column)
(Ø) none
(Z) unknown

SERVICES. In column 77b, enter:

(Y) if the dentist/clinic providing the dental services to the child **during** Health Start will be available to care for future illness or problems
(S) if the service provider (clinic, dentist, etc.) will be the same as used by family **before** Health Start
(X) other (indicate source of service in remarks column)
(Ø) none
(Z) unknown

MEDICAL—Indicate whether funds and/or services will be available for future health needs of the child (78b-79b).

FUNDS. In column 78b, enter:

(M) if child enrolled in the Medicaid program
(I) insurance
(X) other (indicate source of funds in remarks column)
(Ø) none
(Z) unknown

SERVICES. In column 79b, enter:

(Y) if the physician/clinic that provided the health services to the child in Health Start will be available to care for future illness or problems
(S) if the service provider (physician, clinics, etc.) will be the same as used by family **before** Health Start
(X) other (indicate source of services in remarks column)
(Ø) none
(Z) unknown

REMARKS. This space may be used to describe the reason for the child's termination, description of problem, care arrangement, etc. **Indicate the column number to which the remark refers.**

APPENDIX D

Health Start Planning Format
(See Appendix B pp. XIV 13-17
for form)
Health Start Expenditure Format

HEALTH START PLANNING FORMAT

I. GENERAL PROCEDURES

The Planning Format is designed to be used in four ways:

(1) to provide the project with a list of possible resources which may be used in the Health Start project.

(2) to aid the project in preparing for the Urban Institute monitoring visits (at which time the information in the format will be discussed).

(3) to establish a data base for the project completion of the "Health Start Expenditure Form."

(4) to report to the Urban Institute late in the program year about project activities in "coordination of services" for the Health Start project.

NOTE: For evaluation purposes it is almost as important to collect information about why no agreement was reached with a particular agency/individual as to determine what resources were used, the amount involved (in terms of dollar amount, children served, units of service, etc.)

II. INSTRUCTIONS

A. HEADING

1. Enter name of Health Start Project.
2. Enter name and title of person completing the form. (In most cases this will be the Health Start Coordinator.)

B. RESOURCES NOT USED

If a particular resource will not be used in your project, for each program check (✓) the appropriate subheading(s) under one of the columns indicated for "Resources Not Used": Not Available; Available, But Not Contacted, or Contacted, But No Agreement Reached.

NOTE: Leave blank if not investigated as a possible resource.

(1) Not Available:

To be checked only if a resource is determined unavailable. If the reason specified is distance, please note how many miles away the resource is located.

(2) Available, But Not Contacted:

It a program was not contacted even though it was assumed or known that the resource was available, check the appropriate sub-category.

(3) Contacted, But No Agreement Reached:

(3) to establish a data base for the project completion of the "Health Start Expenditure Form."

(4) to report to the Urban Institute late in the program year about project activities in "coordination of services" for the Health Start project.

NOTE: For evaluation purposes it is almost as important to collect information about why no agreement was reached with a particular agency/individual as to determine what resources were used, the amount involved (in terms of dollar amount, children served, units of service, etc.)

II. INSTRUCTIONS

A. HEADING

1. Enter name of Health Start Project.
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B. RESOURCES NOT USED

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NOTE: Leave blank if not investigated as a possible resource.

(1) Not Available:

To be checked only if a resource is determined unavailable. If the reason specified is distance, please note how many miles away the resource is located.

(2) Available, But Not Contacted:

It a program was not contacted even though it was assumed or known that the resource was available, check the appropriate sub-category.

(3) Contacted, But No Agreement Reached:

a) Not cooperative: Check when agency or program personnel do not make themselves available for discussions or are uninterested in coordination with Health Start.

b) Ineligible: Check when Health Start as a project is not eligible for funds or when Health Start children, because of age, residence, or income requirements are ineligible for funds or service.

c) No Money: Check when a resource which is primarily a funding agency has awarded all grants for the present time period.

d) Filled to Capacity: Check when a provider is already serving the maximum number of recipients and indicate in the next column what that number is.

e) Other: When checking "other" -- give as complete an explanation as possible, using the reverse side of page if necessary.

C. RESOURCES USED - Column (4)

If a Health Start project will receive money, services, or technical assistance from one of the resource agencies, check one or more categories in this area if an agreement was reached. "Funds" include supplemental monies to the project as well as direct payment for service, e.g., through Title XIX-Medicaid. "Service" indicates a direct health service to a child, while "technical assistance" refers to a service to the project or staff which serves the child indirectly.

(1) Funding: If supplemental money is awarded to the project, please supply the following information:

a) The number of children who are eligible and will receive services from this money. (If applicable)

b) The $ amount each child. (If applicable)

c) The total dollar amount of money involved.

(2) Services:

a) Type of service. Abbreviate service(s) provided. (e.g., immunization (imm.)

b) The number of children who will receive this service.

c) The number of units of service to be provided. For example, if vision screening were the service provided, the number of screenings (tests).

d) The dollar amount per service unit. For example, the cost of each screening (per child).

e) The dollar amount per child (if applicable).

(3) Technical Assistance:

a) The dollar amount per service unit (if applicable).

b) The dollar amount per child (if applicable).

c) Describe the type of technical assistance provided.

HEALTH START EXPENDITURE FORM

I. General Procedure

Expenditure data from the bookkeeper's records, as well as information from the Planning Format and the Quarterly Health Reports, will be needed to compute this form.

It is suggested that the Health Start Coordinator work with the bookkeeper to ensure that the needed expenditure data will be collected from the outset of the program year.

Finer breakdowns of the Health Start budget will be needed than are normally recorded by CAP bookkeepers, for example. Actual costs, not just OCD grant expenditures, must be collected, if at all possible. We would like to gather the following data: (1) non-health services: who paid and amount for each item; (2) for individual health services: who paid (Health Start, Title XIX, other), the form of payment (fee-for-service, in-kind, etc), who provided the services, and the cost of the service.

These reports are to be cumulative and are to be submitted twice during the Health Start year. If you have any questions, call the Urban Institute collect at (202) 223-1950.

II. Instructions

A. Submit one set of the expenditure forms on October 31 and April 30. Extra copies will be provided for your own records.

Send copies to:

Ms. Leona M. Vogt
The Urban Institute
2100 M Street, N.W.
Washington, D.C. 20037

B. Heading (p. 2)

1. Enter name of Health Start project.
2. Circle appropriate reporting period.

C. Non-Health Service Expenditures (p. 2)

1. It is assumed that the bookkeeper can fill in the grant expenditure (Col. 1). For each item listed, enter the amount of the OCD Health Start grant expended (whether or not bills have been paid).

2. The Health Coordinator will have to fill in the information for Columns 2 and 3. If the Planning Format is completed, the data should be available from that document.

3. The consultant item under Personnel Costs should include only consultants not providing health service (e.g., early childhood specialists).

4. Consumable supply items should show all costs except those supplies used in health education (which should be included under health education).

D. Health Services Expenditures (pp. 3-5) paid (Health Start, Title XIX, other), the form of payment (fee-for-service, in-kind, etc), who provided the services, and the cost of the service.

These reports are to be cumulative and are to be submitted twice during the Health Start year. If you have any questions, call the Urban Institute collect at (202) 223-1950.

II. Instructions

A. Submit one set of the expenditure forms on October 31 and April 30. Extra copies will be provided for your own records.

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B. Heading (p. 2)

1. Enter name of Health Start project.
2. Circle appropriate reporting period.

C. Non-Health Service Expenditures (p. 2)

1. It is assumed that the bookkeeper can fill in the grant expenditure (Col. 1). For each item listed, enter the amount of the OCD Health Start grant expended (whether or not bills have been paid).

2. The Health Coordinator will have to fill in the information for Columns 2 and 3. If the Planning Format is completed, the data should be available from that document.

3. The consultant item under Personnel Costs should include only consultants not providing health service (e.g., early childhood specialists).

4. Consumable supply items should show all costs except those supplies used in health education (which should be included under health education).

D. Health Services Expenditures (pp. 3-5)

1. This section will have to be completed by the Health Coordinator. The bookkeeper should be able to supply information for Column 7 for each provider of services.

2. The Health Coordinator will have to complete all other columns except 7.

Columns 4-7. Grant Expenditures

Space is available for three different service providers for each item. Use additional sheets if necessary. Fill in the following data for each item.

Column 4. The provider of the service(s).

Column 5. The source of payment and the type of payment (e.g., Health Start, fee for service). Only two codes should be used. either 1 or 5.

Column 6. The number of children receiving services from that provider.

Column 7. The amount expended to date for each provider of service.

Columns 8-13. Other Sources of Funds/Service. Space is available for three different service providers. Use additional sheets if necessary. . Fill in the following data for each item.

Column 8. The provider of these service(s).

Column 9. The payment source.

Column 10. The number of children receiving service from that provider.

Column 11. The number of service units. This number could be the same as the number entered in column 10. However, if one provider, Public Health Department, for example, gave 50 immunizations to 20 children, the number entered in column 11 would be 50; the number entered in column 10 would be 20.

Column 12. Dollar amount of service unit. The provider should be asked what the cost to him would be for each service unit provided. Note: This figure should represent the actual cost for service not free market costs. This information should be available from the Planning Format. If costs are not available by the unit of service, (e.g., one audiologist for three days of service with no per child cost estimates), do not enter an amount.

Column 13: To be completed only for April 30 reporting period. This amount should be requested from each provider at that time.

Note: An extra sheet is provided to allow for more than 3 providers per service.

HEALTH START EXPENDITURE FORM
(Non-Health Service)

Health Start Project ______________________

Reporting Period	Oct. 31	Apr. 30

Items	Health Start Grant Expenditures	Other Federal, State and Local Funds and Services Provided			
	1 $ Expended to date	2 Provider	3 $ Amount	2 Provider	3 $ Amount
Total Personnel Costs		NA	NA		
Salaries & Wages (total)		NA	NA		
Coordinator					
Other[a]					
Fringe Benefits					
Consultants[b]					
Travel					
Space Costs and Rentals					
Rental, Lease, Purchase of Equipment					
Consumable Supplies[c]					
Food					
Other Costs					
Total Non-Health Services					

a/ Identify job title.
b/ Should include number individuals providing health services.
c/ All consumable supplies except those for education.

HEALTH START EXPENDITURE FORM
(Health Services)

Health Start Project ______________________________

Reporting Period

HEALTH SERVICES	Health Start Grant Expenditures												Other Federal, State & Local Funds &											
	4^f	5^g	6	7	4^f	5^g	6	7	4^f	5^g	6	7	8^f	9^g	10	11	12	13^h	8^f	9^g	10	11	12
	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit	Total $ Amount	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit
Immunizations																							
Laboratory Tests: Total^d																							
Tuberculin																							
Hemat/Hemo																							
Urinalysis																							
Vision Screening																							
Hearing Screening																							
Speech Screening																							
Dental Screening																							
Medical Screening																							
Vision Treatment																							
Hearing Treatment																							
Speech Treatment																							

See footnotes page 6.

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HEALTH START EXPENDITURE FORM
(Health Services)

Reporting Period	Oct 31	Apr 30

th Start Grant Expenditures									Other Federal, State & Local Funds & Services Provide																	
	4^f	5^g	6	7	4^f	5^g	6	7	8^f	9^g	10	11	12	13^h	8^f	9^g	10	11	12	13^h	8^f	9^g	10	11	12	13^h
To Date	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit	Total $ Amount	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit	Total $ Amount	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit	Total $

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HEALTH START EXPENDITURE FORM (Continued)
(Health Services)

HEALTH SERVICES (Cont.)	Health Start Grant Expenditures												Other Federal, State & Local Funds & Servic											
	4[f]	5[g]	6	7	4[f]	5[g]	6	7	4[f]	5[g]	6	7	8[f]	9[g]	10	11	12	13[h]	8[f]	9[g]	10	11	12	13[h]
	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit	Total $ Amount	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit	Total $ Amount
Medical Treatment[e]																								
Health Education																								
Total Health																								

See footnotes, page 6.

Start Grant Expenditures	Provider	4[f]														
	Payment Source	5[g]														
	No. of Children	6														
	$ Expended To Date	7														
	Provider	4[f]														
	Payment Source	5[g]														
	No. of Children	6														
	$ Expended To Date	7														
Other Federal, State & Local Funds & Services Provided	Provider	8[f]														
	Payment Source	9[g]														
	No. of Children	10														
	No. of Service Units	11														
	$ Amt. per Svc. Unit	12														
	Total $ Amount	13[h]														
	Provider	8[f]														
	Payment Source	9[g]														
	No. of Children	10														
	No. of Service Units	11														
	$ Amt. per Svc. Unit	12														
	Total $ Amount	13[h]														
	Provider	8[f]														
	Payment Source	9[g]														
	No. of Children	10														
	No. of Service Units	11														
	$ Amt. per Svc. Unit	12														
	Total $ Amount	13[h]														

d/ Give total only when costs cannot be identified further.

e/ To the extent possible, specify the problems treated as:

AS = Asthma
BE = Behavior/Emotional
CD = Communicable Disease
CN = Convulsive Disorder (seizure, epilepsy)
EA = Diseases or Infections of the ear
EN = Enuresis (bed wetting)
EY = Eye Disorder (including strabismus)
GI = Gastro Intestinal Disorders/Diseases
GU = Genito Urinary Disorders Disorders/Diseases
HD = Heart Disease
HF = Hay Fever
HM = Heart Murmur (requiring specialist consultation)
HR = Hernia (including umbilical, inguinal or femoral)
HT = Hematological Disorders (in blood-forming organs)
LD = Learning Disability
ME = Metabolic Disorder
MR = Mental Retardation
MS = Muscular-Skelatal (includes orthopedic)
NE = Neurological Disorder/Dysfunction
NT = Nose, Throat Disorders/Diseases (includes tonsils, adenoids)
NU = Nutritional Deficiency
RS = Chronic Respiratory Diseases (sinusitis, bronchitis)
SK = Skin Disorders
UR = Acute Upper Respiratory Diseases (lasting less than 3 months)
OT = Other (specify in remarks column)

f/ The provider of service codes are:

Code		Definition
B	=	Health Start Staff
P	=	Private Physician or Dentist
D	=	Local Public Health Department
S	=	Social Services
Y	=	C & Y Clinics
R	=	Crippled Childrens
N	=	Neighborhood Health Centers
H	=	Hospitals
M	=	Medical & Dental Schools
L	=	Other Clinics
E	=	Other Universities & Colleges
V	=	Voluntary Organizations
F	=	Private Firms
Z	=	Other State Agencies
A	=	U.S. Armed Forces
O	=	Other

g/ The source of the payment codes are:

Code		Definition
1	=	Fee for service (paid by Health Start)
2	=	In-kind (paid by provider)
3	=	Paid by Title XIX - Medicaid
4	=	Contract (paid by Health Start)
5	=	Other

h/ The dollar amount for resources received from other Federal, State and Local providers need not be entered until the final reporting period (i.e., April 30).

HEALTH START EXPENDITURE FORM (Continued)
(Health Services)

HEALTH SERVICES (Cont.)	Health Start Grant Expenditures												Other Federal, State & Local Funds & Service											
	4^f	5^g	6	7	4^f	5^g	6	7	4^f	5^g	6	7	8^f	9^g	10	11	12	13^h	8^f	9^g	10	11	12	13^h
	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	$ Expended To Date	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit	Total $ Amount	Provider	Payment Source	No. of Children	No. of Service Units	$ Amt. per Svc. Unit	Total $ Amount
tal Health																								

e footnotes, page 6.

nued)

rt Grant Expenditures							Other Federal, State & Local Funds & Services Provided																	
Payment Source 5^g	No. of Children 6	$ Expended To Date 7	Provider 4^f	Payment Source 5^g	No. of Children 6	$ Expended To Date 7	Provider 8^f	Payment Source 9^g	No. of Children 10	No. of Service Units 11	$ Amt. per Svc. Unit 12	Total $ Amount 13^h	Provider 8^f	Payment Source 9^g	No. of Children 10	No. of Service Units 11	$ Amt. per Svc. Unit 12	Total $ Amount 13^h	Provider 8^f	Payment Source 9^g	No. of Children 10	No. of Service Units 11	$ Amt. per Svc. Unit 12	Total $ Amount 13^h

APPENDIX E

Analysis Plan and Survey Instrument for Assessing the Effects of Health Education on the Parents of Enrolled Children

Analysis Plan and Survey Instrument for Assessing the Effects of Health Education on the Parents of Enrolled Children

Richard B. Zamoff
and
Cynthia Lancer

Purposes of Evaluation

The aim of this part of the Health Start Evaluation is first to identify innovative ways to provide health education that could be adopted by summer and full-year Head Start projects and second, to assess the impact of these health education components on parents. Urban Institute site visits to the 31 Health Start projects will identify 5 or 6 projects that have developed new and promising ways to provide health education for parents and children and at least 3 other projects that do not appear to have promising health education components. In addition, 5 or 6 Head Start projects (randomly selected from the 15 Head Start projects identified for use in other parts of the Health Start Evaluation) will serve as a comparison group. While these Head Start projects will vary in terms of their health education components, Head Start projects using the newly developed health education curriculum guide, Healthy, That's Me, deliberately will be excluded from the sample.[1]

A survey instrument will be developed and used in all projects to determine the effects of the health education component on the parents. The design and execution of parent interviews in the evaluation of Head Start experience with Healthy, That's Me, will be useful in preparing the data collection instrument.

Research Design

In the summer and fall 1972, Urban Institute staff will site visit the 31 Health Start projects. Information collected at these projects, and recorded on the Field Collection Form, will permit the selection of 5 or 6 projects with health education components that are innovative, relatively inexpensive, seem to be working well, and offer promise of reproducibility, and the selection of at least 3 projects that do not seem to have promising health education components. An important criteria for selection of all Health Start projects will be the degree of parent involvement in the project and in the health education component. Since interviews are to be administered to Health Start parents by members of The Urban Institute project staff, and since a high interview completion rate ultimately will depend on gaining access to parents through health coordinators or parent consultants in a limited amount of time, substantial parent involvement is essential to fulfilling the data collection requirements of the evaluation effort.

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[1] A separate Urban Institute evaluation is designed to assess the impact of Healthy, That's Me on Head Start parents and staffs.

Once the Health Start projects with the most promising health education components, those with health education components that are not promising, and a comparison group of Head Start projects have been selected, a random sample of Health Start and Head Start parents will be chosen for subsequent interviews. In the Health Start projects the sampling procedure will involve the selection of children from the Quarterly Health Reporting Forms. The parents of the sampled children will constitute the interview sample. In the Head Start projects, lists of enrolled children will be requested from directors of the sampled projects.

In view of the resources available to the project, it appears feasible to conduct interviews with approximately 40 parents at each project site selected. Since the number of children at the Health Start projects ranged from 100 to 2,000 children this year (median = 222 children), the interview sample would be approximately 20 percent of the number of enrolled children. Since the projects have yet to be selected, it is impossible to be more precise about sample size at this time.

The Survey Instrument

In order to evaluate the effects on the health education component in the selected Health Start projects, interviews will be administered to between 320 and 360 parents and to a comparison group of between 200 and 240 Head Start parents near the end of the program year (i.e., about April 1973). The assumption is made that if positive gains are derived from health education efforts, they will show up among parents in projects with the most promising health education components, that at least some of these positive gains will be observable after approximately 10 months exposure to the health education component, and that equivalent gains will not be achieved by parents in projects with health education components that do not appear promising or by parents in a comparison group of Head Start projects (it also should be noted that Head Start and Health Start have different educational emphases). While it is recognized that this "after-only" design is not as powerful as a "before-after" design for making causal inferences, it should serve as an appropriate design for highlighting successful health education models that can be recommended for possible adoption in other child programs.

The draft interview which follows attempts to assess the impact of the health education component in the selected Health Start projects. Emphasis will be on parent education (e.g., the recognition and use of existing resources). Illustrations of the types of questions addressed are:

1. What did parents and children learn about health?
2. Are parents aware of the ongoing treatment program to which they have been introduced?
3. Are parents more aware of the services available to them as a result of Health Start?
4. How was the health education knowledge put to use by parents and children?

HEALTH START PARENT INTERVIEW

I. INTRODUCTORY INFORMATION

1. What is the first name of the child enrolled in Health Start?

_________________________ /USE AS APPROPRIATE THROUGHOUT REST OF INTERVIEW/.

II. HEALTH EDUCATION PROGRAM

2. Do you think ____________________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ understands more about how to care for his/her health since he/she has been enrolled in Health Start?

_______Yes
_______No

a. Are there things he/she does now that he/she did not do before he/she was enrolled in the Health Start Program? What does he/she do differently now?

____

____

____

____

3. Do you feel that you know more about the health services available in your community since your child has been enrolled in Health Start? If yes, what did you learn that you didn't know before? (Probe to obtain specific information on services, agencies, etc.)

____

____

____

____

____

____

a. Can you tell me the names of some of the places in your community where you would go to obtain health services for you or your children? (List each resource named and then ask the questions indicated by the column headings.)

Resource	Where is it located? (Address)	What are the eligibility requirements?	What is the fee?	What type of service is provided?	Is there a waiting list?

b. Where would you go to obtain the following services for one of your children?

1. Vaccinations/immunizations ____________________
2. A vision test ____________________
3. Eye glasses ____________________
4. A dental examination ____________________
5. Dental treatment ____________________
6. A hearing test ____________________
7. Treatment for a hearing problem ____________________

8. A general medical check-up ______________________
____

9. Laboratory tests ______________________
____

10. Emergency treatment ______________________
____

III. PARENT EDUCATION

4. Have you met with other parents and members of the Health Start staff since this Health Start Program opened in. ______________ /FILL IN STARTING DATE OF PROGRAM?/

______Yes
______No

a. Did you talk about the health of your children, or about the health services available to you?

______Yes
______No

b. Did you find these meetings about health helpful? What did you learn from these meetings that you hadn't known before? (Probe to obtain specific information.)

____
____
____
____
____
____

5. Have you been visited by any Health Start staff in your home?

______Yes
______No

a. If yes, why did they visit you? Were you shown or told how to do anything concerning your children's health? Were your children shown anything? Were you shown or told anything concerning your own health?

____

____

____

____

____

____

6. Has the health information that you've received from Health Start made any difference in the way you care for your child's (or children's) health? In what way?

____

____

____

____

____

____

7. Have you followed any of the suggestions about caring for your child's (or children's) health?

_______Yes
_______No

a. If yes, which suggestions have you followed?

____

____

____

b. If no, why not?

____

____

____

c. Which suggestions, if any, are you unable to follow? Why?

____

____

____

8. Which childhood illnesses or health problems have you learned more about since ________________________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ has been enrolled in Health Start?

______Chicken Pox
______Dental Disease
______German Measles
______Impetigo
______Measles
______Mumps
______Nutritional Deficiency
______Ringworm
______Sickle Cell Anemia
______Strep Throat
______Whooping Cough
______Other (Specify: __________
______________________________)

a. What have you learned about this (these) illness(es) that you didn't know before?

____

____

____

b. What other health problems have you learned more about?

____

____

____

What have you learned that you didn't know before?

____

____

____

c. Until you could get your child to a doctor, what would you do if your child:

1. Stepped on a rusty nail? ________________________
____

What is the most important thing to be concerned about with this kind of injury? ____________________

____

2. Swallowed a bottle containing cleaning fluid? __________

____

____

What is the most important thing to be concerned about with this kind of injury? ____________________

____

____

3. Was bitten by a dog, cat, or other animal? __________

____

____

What is the most important thing to be concerned about with this kind of injury? ____________________

____

____

4. Appeared to have broken a bone? __________

____

____

What is the most important thing to be concerned about with this kind of injury? ____________________

____

____

5. Burned himself/herself badly? __________

____

____

What is the most important thing to be concerned about with this kind of injury? ____________________

____

____

IV. HEALTH BEHAVIORS RELATED TO CHILD(REN)

9. Has ____________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ been checked by a doctor in the past 12 months?

_____Yes
_____No

a. Has ____________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ been checked by a dentist in the past 12 months?

_____Yes
_____No

b. If yes, were any of these visits the result of problems detected in your child's Health Start Program?

_______Yes
_______No

10. Was there any time during the past year when you think ____________________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ should have gone to someone to get glasses, or to a doctor, or dentist, but he/she didn't go?

______Yes
______No

a. If yes, why didn't he/she go?

_______Didn't know where to take him/her
_______Didn't have time to take him/her
_______Were afraid to take him/her
_______Thought it would be too expensive
_______No transportation
_______Other (Specify: ______________________________)

11. In the past 12 months have any of your other children living at home been examined by:

A doctor: _____Yes _____No (Ages: ______________________)
A dentist: _____Yes _____No (Ages: ______________________)
An eye doctor: _____Yes _____No (Ages: ____________________)

12. How many times a day does ____________________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ brush his/her teeth? __________
Use dental floss? ______________________________________

a. Does ____________________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ brush his/her teeth after breakfast?
_______Yes ______No Before going to bed? _______Yes _____No

b. Where did he/she get the toothbrush he/she is using?

_______Health Start Program
_______Parent(s)
_______Other (Specify: ______________________________)

13. What time does ____________________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ usually go to bed at night? __________

a. What time does he/she get up in the morning? ______________

b. Approximately how many hours of sleep do you think ____________________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ should get at night? ______________________

c. Should _________________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ rest at any other time(s) during the day? If yes, when and for how long?

____

____

____

14. How many times each day does _______________ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ eat each of the following foods:

______Green and yellow vegetables?
______Fresh fruit?
______Milk and milk products?
______Meat, poultry, fish or eggs?
______Bread, flour, cereals?

V. HEALTH BEHAVIORS AND ATTITUDES RELATED TO PARENTS

15. In the past 12 months have you been examined by:

A doctor: ______Yes ______No
A dentist: ______Yes ______No
An eye doctor: ______Yes ______No

a. Was there any time during the past year when you think you should have gone to someone to get glasses, or to a doctor, or dentist, but you didn't go?

______Yes
______No

If yes, why didn't you go?

______Didn't know where to go
______Didn't have time
______Were afraid
______Thought it would be too expensive
______Had no transportation
______Other (Specify: ______________________________
______________________________________)

16. Do you believe people should see a doctor regularly even if they are well, or do you think people should wait until they are really sick before going to a doctor?

______Should see a doctor regularly
______Should wait until really sick

THANK YOU VERY MUCH FOR YOUR COOPERATION!